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ABSTRACT

This guide summarizes the important aspects of the history, organization, and process of vocational rehabilitation of American Indian/Alaska Native clients. Specific units cover: (1) history of the state-federal vocational rehabilitation program; (2) organization and administration of rehabilitation programs; (3) fundamentals of vocational rehabilitation and related programs; (4) case management; (5) outreach; (6) the intake interview; and (7) assessment and planning. Three glossaries explain terms related to rehabilitation legislation, vocational rehabilitation, and functional limitations. Appendixes provide a report by Mary F. Smith of the Congressional Research Service titled "Vocational Rehabilitation and Related Programs for Persons with Handicaps"; a synopsis of the Americans with Disabilities Act; lists of federal, state, and community vocational rehabilitation programs, research and training centers, and information centers; sections from the Code of Federal Regulations that deal with vocational rehabilitation services; and a brief guide to supported employment procedures. (16 references) (JDD)

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The Fundamentals of Vocational Rehabilitation

A Guide for VR Counselors working with American Indian Clients

R. C. Saravanabhavan, M. A.

Edited by
Timothy C. Thomason, Ed.D.

1991

American Indian Rehabilitation
Research and Training Center

Northern Arizona University

Institute for Human Development
Arizona University Affiliated Program
P. O. Box 5630
Flagstaff, AZ 86011-5630

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American Indian Rehabilitation
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NORTHERN ARIZONA UNIVERSITY
INSTITUTE FOR HUMAN DEVELOPMENT
ARIZONA UNIVERSITY AFFILIATED PROGRAM
P. O. Box 5630
Flagstaff, AZ 86011-5630
(602) 523-4791
TTD (602) 523-1695

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Grateful acknowledgement is made to the authors of the various manuals, books, and articles upon which this manual is based. Especially helpful information was obtained from the *Vocational Rehabilitation Manual* developed by the Arizona Rehabilitation Services Administration and the manual *American Indian Vocational Rehabilitation Concepts* developed by the Region X Rehabilitation Services Administration office in Seattle. Thanks are also due the authors of all sources referenced in this guide, particularly, J. A. Bitter, S. E. Rubin, R. T. Roessler, M. F. Smith, and G. N. Wright. All rehabilitation professionals should read the books of these authors to further their understanding of vocational rehabilitation.

Special appreciation is also expressed to Georgia Lonetree and Timothy Sanderson for reviewing the final draft of this guide and offering valuable suggestions from the counselor's perspective.

Table of Contents

ACKNOWLEDGEMENTS i

UNIT 1 History of the State-Federal Vocational Rehabilitation Program

Background 1

Legislative History 3

The Current Status 9

UNIT 2 Organization and Administration of Rehabilitation Programs

The Role of the Federal Government 10

State Rehabilitation Agencies 12

Tribal Vocational Rehabiltiation Programs 13

Vocational Rehabilitation Grants for Indian Tribes 13

UNIT 3 Fundamentals of Vocational Rehabilitation and Related Programs

Introduction 16

Objectives of Rehabilitation Services 16

Rehabilitation Process and Rehabilitation Counselor 16

Typical Services 16

Client Assistance Program 19

Three Areas of Service 19

Centers for Independent Living 21

Independent Living Services for Older Blind Individuals 21

UNIT 4 Case Management

The Role of the Rehabilitation Counselor 22

Case Management 23

Caseload Management 23

Systematic Caseload Management 23

Status Codes 24

Recording and Reporting 30

UNIT 5 Outreach

Introduction 33

Effective Case-finding 33

Guidelines for Developing Effective Referral Sources 34

UNIT 6 The Intake Interview

Introduction 36

The Purpose of the Intake Interview and the VR Counselor's Responsibility 36

Time Limit to Arrange for an Intake Interview 36

The Setting for an Intake Interview 37

General Goals of an Intake Interview 37

Confidentiality 38

"Collection Guide for the Intake Interview" 39

Steps to Achieve an Effective Intake Interview 43

Eligibility Determination 44

UNIT 7 Assessment and Planning

Introduction 45

Intake Interview 45

Medical Evaluation 46

Psychological Evaluation 47

Work Evaluation 47

Educational Evaluation 49

Social and Cultural Evaluation 49

Assessment of the Family 50

The Comprehensive Report on All Evaluations 50

Rehabilitation Planning 51

GLOSSARY 1

Terms Used in the Rehabilitation Act 52

GLOSSARY 2

Terms Used in Vocational Rehabilitation 62

GLOSSARY 3

Functional Limitations 64

REFERENCES 68

INDEX 70

APPENDICES

Appendix A Synopsis of the ADA Congressional Research Service Report 74

Appendix B Resources Information 122

Appendix C Code of Federal Regulations 140

Appendix D Supported Employment: Summarized Guide 157

UNIT 1

History of the State-Federal Vocational Rehabilitation Program

Background

There are three major factors that lead or do not lead a society to attend to the needs of people with disabilities. These are: (a) the perceived cause of the disability, (b) the existing economic situations, and (c) prevailing knowledge in medicine (Rubin & Roessler, 1983). Throughout human history, we see these factors individually or jointly contributing to the society's actions toward people with disabilities. The ancient Greeks and Romans systematically eliminated deformed children. Monks and priests, instead of physicians, treated people with mental illness (with cruel methods such as starving and whipping) in the Middle Ages. In colonial America superstitions overpowered science when it came to treating people with disabilities. Disability was viewed as God's punishment. Knowledge in medicine, again, was not very advanced. These factors combined with the prevailing poor economic conditions made the development of rehabilitation programs inconceivable in those days (Rubin & Roessler, 1983; Wright, 1980).

The following are some of the major events that prompted the American people and the government to shape plans for providing services to people with disabilities (Rubin & Roessler, 1983; Wright, 1980).

1. The first almshouse was founded in Boston in 1662. People who were criminals, vagrants, poor, sick, mentally ill, and disabled were all admitted to the almshouse. The founding of the almshouse is the first manifestation of the idea that such people should be supported by the society.

2. The first general hospital was started by the Quakers under the leadership of Benjamin Franklin in Philadelphia, in 1752. The first three medical schools in the country were started between 1765 and 1783. The first hospital for the mentally ill was founded in Virginia in 1773. The second general hospital in the country was founded in New York in 1791. These hospitals were important in the development of rehabilitation programs. They made people look at diseases and disabilities differently. "The ineffectiveness of existing medical practices was demonstrated" through these hospitals. "These

hospitals laid the foundation for improved medical care in the future" (Rubin & Roessler, 1983, p. 4). As physicians in these hospitals emphasized medication and surgery, they also brought to the world's attention the other needs of the patients. Physicians, social reformers, philanthropists, legislators, and educators were brought together by these hospitals to focus on patient problems and solve them. "The products of such exchanges resulted in much of what later would be called *rehabilitation* " (Wright, 1980, p. 124).

3. There were a number of developments in the early 19th century. The Baltimore School for the blind and the deaf was started in 1812. The Pennsylvania Training School for Feeble-minded Children was started in 1853. This school was supported partially by the state and partially by private contributions. Similar schools were founded in Ohio and Kentucky in 1857. The Industrial School for Crippled and Deformed Children started functioning in 1893. This was the first American school for crippled children. Its purpose was to train disabled children so as to enable them to find employment and income (Wright, 1980). These schools made it apparent that mentally retarded children are teachable and can learn to function in a community.

4. In 1897, Minnesota passed the first legislation that provided for treatment, care, and education of crippled children. Some other states like Wisconsin, New York, North Carolina, Nebraska, and Massachusetts also passed similar laws to protect and serve crippled children. Children's Bureau was founded by the federal government at this time. This bureau helped state welfare agencies to work for the treatment and prevention of disabilities. This preventive rehabilitation effort became a model for later rehabilitation programs since early intervention is emphasized in rehabilitation programs. "Early educational and medical intervention help to prevent or to reduce the handicapping effects of childhood problems" (Wright, 1980, p. 125).

5. Churches and other social service agencies of the 19th century have had considerable impact on the development of the rehabilitation program in the United States. During the years 1840 - 1890, a large number of charitable organizations were founded and they started functioning in different cities in the United States (Wright, 1980). By 1892, there were 92 such organizations in the country. Although these were mainly family-service societies whose

main objective was to remove poverty, most of these organizations believed in the concept of "scientific charity." They "stressed comprehensive investigation and treatment designed to meet the needs of the individual case" (Rubin & Roessler, 1983, p. 18). Societies such as the American Red Cross, the Tuberculosis Association (founded in 1881, and 1892 respectively), Goodwill Industries (established in 1902), and the Easter Seal Society (started in 1921) are but a few of these charitable organizations which influenced the shaping of the future rehabilitation service delivery system (Wright, 1980).

6. Rubin and Roessler (1983) point to the popular political thinking in the country which led to the government taking direct responsibility for providing social services. The emergence of the two political movements, populism and progressivism, contributed to the emphasis on the "government's responsibility for dealing with societal problems" (Rubin & Roessler, 1983, p. 19). In addition, the passing of the income tax law in 1913 "opened the door to significant future government and private financial backing of vocational rehabilitation . . . " (p. 21).

Legislative History

The following is a brief description of laws that have impacted the State-Federal Vocational Rehabilitation Program in the country. Thankful acknowledgement is made to Bitter, 1979; Rubin and Roessler, 1983; and Wright, 1980 for information in this section:

1.*The Civil Employees Act* (1908)

This is the first workmen's compensation law passed by the Federal government in 1908. State governments, encouraged by this enactment, passed their own state workmen's legislations. By 1921, 42 states had enacted such legislation and by 1942, all states had passed some type of workmen's compensation legislation.

The Civil Employees Act of 1908 did not make any specific provision for a vocational rehabilitation program. It emphasized the concept that employers were accountable for the safety of employees and made it compulsory to compensate injured workers. This way, the act indirectly influenced the law

makers to realize the importance of the need for the civilian vocational rehabilitation program.

2. *The National Defense Act* (1916)

The congress confirmed the importance of vocational education when it passed the National Defense Act in 1916. The act provided for the vocational training of soldiers in active military service. The objective of the training was to help soldiers gain employable skills in civilian occupations.

3. *The Smith-Hughes Act* (1917)

The 1917 Smith-Hughes Act established federal grants to the states for vocational education programs. The programs were for young people migrating from rural to urban areas. State boards of education were to implement the programs under the overall administration of the Federal Board for Vocational Education. The federal government matched funds appropriated by the states for the program. This act became the model for the subsequent federal-state cooperation in social service programs.

4. *The Soldier's Rehabilitation Act* (1918)

This breakthrough legislation was designed to provide rehabilitation services to the disabled veteran. To be eligible for these services, the veteran had to be unable to engage successfully in gainful employment. There was a serious move by a group of congressmen to include civilians also in this Act. For the following three reasons civilians were not included in this act: it would delay passing of the bill; the existing facilities in the country were insufficient and inadequate to provide services even for all the veterans who would qualify for services; and it was felt that the states should bear at least some financial expenditure of a civilian rehabilitation program. The Smith-Hughes Act and the Soldier's Act effectively committed the federal government to the providing of services to the people who were disadvantaged and disabled.

5. *The Smith-Fess Act* (1920)

The Smith-Fess Act authorized the state-federal vocational rehabilitation program. As it was done in the Smith-Hughes Act of 1917, the Federal Board of Vocational Education was authorized to administer this act at the federal level. It authorized limited services for civilians who were physically handicapped. As the Federal Board of Vocational Education had already stipulated age 16 or above as the legal employable age, one needed to be at least 16 years of age to qualify for services under this act. These services included vocational training, job placement, and counseling. The act defined *rehabilitation* as "the rendering of a person disabled fit to engage in a remunerative occupation" and *person disabled* as "any person who by reason of physical defect or infirmity whether congenital or acquired by accident, injury or disease, is or may be expected to be, totally or partially incapacitated for remunerative occupation."

This Rehabilitation Act was passed for a temporary period only. It was to be extended by additional legislation in 1924. The act provided to states 50-50 matching federal funds. Seven hundred and fifty thousand dollars for the first year and one million dollars for each of the subsequent years were set aside for rehabilitation programs. Federal funds for each state were decided based on the size of its population compared to the total population in the country. States with greater populations received more federal funds. It was also determined that even the smallest state would receive a minimum of $5,000.

By 1924, when it was time for the renewal of and additions to the rehabilitation legislation, there were 12 states still reluctant to participate in the state-federal vocational rehabilitation program. In 1924, the congress passed the additional federal legislation needed to continue the rehabilitation program for the next six years. Federal funding was also raised to slightly more than a million dollars a year.

In the 1930's, there was a move in the congress to make the federal government's participation in rehabilitation programs permanent. There were serious opposition to this move. Many law makers felt that it would mean interfering with the rights of the states.

6. *The Social Security Act* (1935)

The Social Security Act, enacted in 1935, helped to make the rehabilitation program a permanent program of the federal government. The Act authorized the vocational rehabilitation program and increased the federal allocation of funds for the program.

7. *The Randolph-Sheppard Act* (1936)

The Randolph-Sheppard Act authorized states to license qualified blind people to operate vending stands in federal buildings. This encouraged the state governments to open their buildings for people with visual impairments to start and run vending stands. With the special emphasis laid on blind people, the Act manifested the federal government's increased commitment to rehabilitation.

Two years later the passing of the Wagner-O'Day Act made it mandatory for federal government offices to buy designated products made by blind people in their workshops. This Act increased employment opportunities for blind people this way.

8. *The Vocational Rehabilitation Act Amendments*, 1943

The significant amendments of this Act were as follows:

1. Vocational rehabilitation was defined to include any services needed to make a disabled person employable. The amendments made it possible to provide physical restoration services. A client was now allowed to receive services that included corrective surgery, therapeutic treatment, hospitalization, transportation, occupational licenses, occupational tools and equipment, maintenance during training, placement in employment, prosthesis training, medical examinations, and guidance.

2. People with mental illness became qualified to receive vocational rehabilitation services for the first time.

3. Each state was required to submit a state plan for vocational rehabilitation to the Federal Security Administrator, the officer charged with the administration of the Act at the Federal level. States were also to designate

the state board of vocational education as the sole agency to administer the rehabilitation program.

9. *The Vocational Rehabilitation Act Amendments*, 1954

According to Bitter (1979, p. 18), this Act was "a milestone in the development of the rehabilitation program." The Act, for the first time, created a basis for a working relationship between private and public rehabilitation agencies. More funds were provided for the rehabilitation program and additional program options were given to the states. Provisions for a federally-funded research program and training for physicians, nurses, rehabilitation counselors, therapists, social workers, and psychologists were approved.

10. *The Vocational Rehabilitation Act Amendments*, 1965, 1967, & 1968

These amendments authorized the rehabilitation program to include persons with socially handicapping conditions. Economic need was eliminated as a requirement for rehabilitation services. But, the states were given the right to use economic need as a criterion for services other than diagnostic, counseling, and placement services. The amendments of the same act in 1967 provided for: (a) the elimination of the residency requirement for services, (b) rehabilitation services to migratory workers, and (c) the establishment of the National Center for Deaf-Blind Youths and Adults. The Rehabilitation Act in its amendments of 1968: (a) changed the federal-state matching monies from 75-25 to 80-20, (b) granted permission to states to use funds for the new construction of rehabilitation facilities, and (c) approved post-employment services to a client and services to the family members if needed.

11. *The Rehabilitation Act*, 1973

The Rehabilitation Act of 1973 replaced the Vocational Rehabilitation Act as amended in 1968. However, the new act retained major provisions of the earlier act. The significant aspects of this new act were:

1. It authorized the establishment of the Rehabilitation Services Administration.

2. It mandated priority service to persons with severe disabilities.

3. States were required to conduct continuing needs assessment studies to improve services to the people with severe disabilities.

4. The act made it obligatory to develop the Individualized Written Rehabilitation Plan (IWRP). The IWRP must be developed by the counselor and the client jointly. It should outline the program in relation to the vocational goal, intermediate objectives, expected dates of initiation and completion of services, and evaluation of procedures and schedules.

5. The act also authorized special studies to: (a) identify ways of providing comprehensive services to persons for whom a clear vocational goal is not feasible (the objective, here, was to find methods of providing effective services for independent living); (b) improve state grant allocations; and (c) examine the role of the sheltered workshop in the rehabilitation process and to determine wages for people sent to sheltered workshops.

6. The establishment of the Client Assistance Program to inform potential clients of the benefits of participating in the rehabilitation program.

7. The establishment of the Architectural and Transportation Barriers Compliance Board to oversee and approve accessibility to people with handicaps in public buildings and transportation.

12. *Rehabilitation Act Amendments* of 1974, 1978, 1984, & 1986

The amendments of 1974 extended federal appropriation of funds for rehabilitation programs for one more year, from 1975 to 1976. These amendments transferred the Rehabilitation Services Administration from Social Rehabilitation Service to Health, Education, and Welfare (HEW) and mandated that the rehabilitation commissioner must be appointed by the President subject to the approval of the Senate. These amendments strengthened the program for the blind and provided for a White House Conference on Handicapped Individuals within two years to develop recommendations for solving problems faced by people with handicaps.

The amendments of the act in 1978 authorized an annual increase in appropriations for the basic state grant based on the increase in cost of living. They increased the minimum state allotment of funds to three million dollars. They authorized a comprehensive independent living services program for people with severe handicaps and they also established the National Institute of Handicapped Research. These amendments gave a functional definition to *developmental disabilities* and they helped rehabilitation programs serve individuals with developmental disabilities.

While the 1984 amendments to the act mandated Client Assistance Programs to advocate for vocational rehabilitation clients, the 1986 amendments extended authorization of appropriations for programs under the act through Federal Year 1991. The two most significant changes made in this program were a set-aside of Federal-State VR funding for grants to Indian Tribes and the newly authorized funds for supported employment. (A detailed discussion on the Indian VR program since its establishment in FY 1981 and the amendments made to the program follows in the next unit.)

The Current Status

The current status of the Federal-State rehabilitation program is improving. The Congress, by its Public Law 102-52 dated June 6, 1991, authorized federal appropriations for the rehabilitation program until FY 1992. With the passing of the Americans with Disabilities Act (1990) and the Education of the Handicapped Act Amendments of 1990, the federal government has exhibited its increasing interest in solving the problems faced by people with handicaps. From yearly billion dollars budgets in the second half of the 1980's, the federal appropriations for the rehabilitation program are expected to reach the two billion dollar mark in 1992.

Refer to Appendix A for:

Synopsis of the Americans with Disabilities Act

Congressional Research Sservice Report to Congress - Vocational Rehabilitation and Related Programs for Persons with Handicaps

Organization and Administration of Rehabilitation Programs

1. The Role of the Federal Government

A. *Organization of the Rehabilitation Program*

The rehabilitation program in the United States is governed by a central office in Washington, D. C. (Rehabilitation Services Administration) and ten regional offices throughout the country. (Please refer to Appendix B for the addresses and telephone numbers of these offices). These Federal offices are in charge of providing the Federal share of funds and offering guidance in program implementation to states. These offices monitor state rehabilitation programs and oversee that the states apply the regulations in the Rehabilitation Act correctly. There are 56 State Rehabilitation Services programs in the country that include programs offered in the District of Columbia, Guam, Puerto Rico, American Samoa, Common Wealth of Northern Mariana Islands, and the Virgin Islands. Twenty-eight states operate separate rehabilitation programs for the blind and visually impaired (Bitter, 1979).

The Federal rehabilitation agency provides most funding and oversees the functioning of the following 14 American Indian/Alaska Native tribal rehabilitation programs: (a) Bristol Bay Native Association Vocational Rehabilitation Project, Dillingham, Alaska; (b) Vocational Rehabilitation Project for Alaska Native Adults, Kodiak, Alaska; (c) Navajo Vocational Rehabilitation Project, Window Rock, Arizona; (d) Yavapai-Prescott Vocational Rehabilitation Services, Prescott, Arizona; (e) Southern Ute and Ute Mountain Tribes, Ignacio, Colorado; (f) Shoshone Bannock Vocational Rehabilitation Project, Fort Hall, Idaho; (g) Choctaw Vocational Rehabilitation Program, Philadelphia, Mississippi; (h) Confederated Salish and Kootenai Tribes, Pablo, Montana; (i) Northern Cheyenne Vocational Rehabilitation Project, Lame Deer, Montana; (j) Rocky Boy Vocational Rehabilitation Services, Box Elder, Montana; (k) Zuni Vocational Rehabilitation Project, Zuni, New Mexico; (l) Colville Confederated Tribes Vocational Rehabilitation Services Project, Nespelem, Washington; (m)

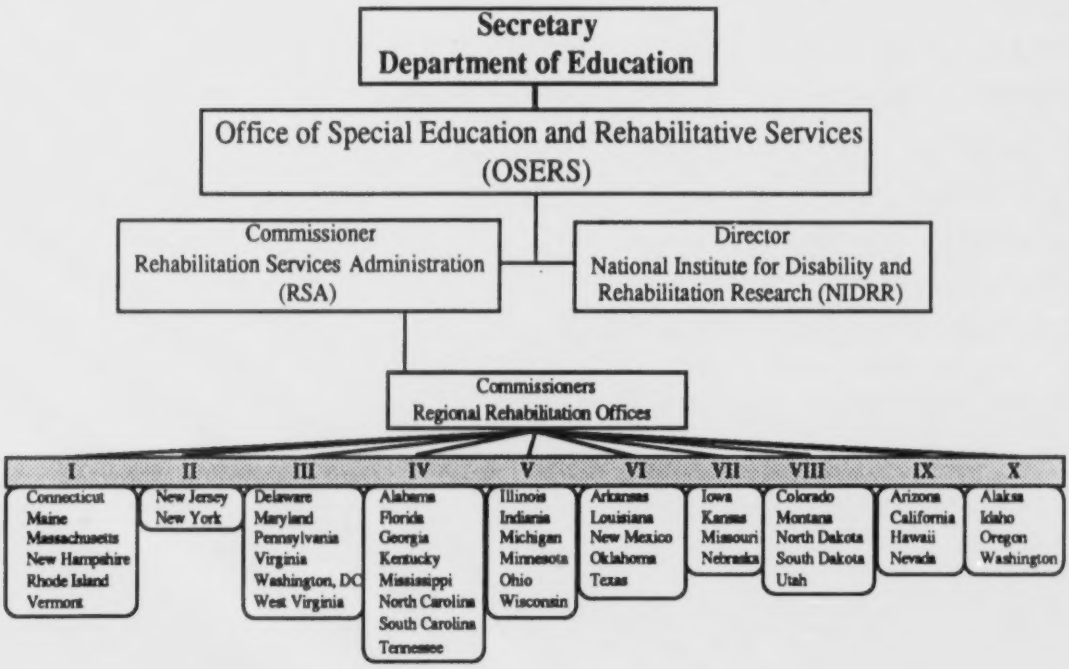
Northwest Washington Intertribal Education and Training Board, Sedro Woolley, Washington; and (n) Yakima Vocational Rehabilitation, Toppenish, Washington. (See Appendix B for addresses of all tribal rehabilitation projects, tribes served, and the chart of funding history).

B. *Rehabilitation Services Administration*

The Rehabilitation Services Administration (RSA) functions under the authority of the Rehabilitation Act. The RSA is a division of the Office of Special Education and Rehabilitative Services (OSERS) under the United States Department of Education. RSA is headed by a commissioner. The 10 regional offices of the RSA are headed by regional commissioners who help in supervising rehabilitation programs in their respective regions.

Federal Rehabilitation Administration Services

Organizational Chart



C. *Federal Appropriations*

The Rehabilitation Act authorizes the funding for Vocational Rehabilitation programs in each state. Until 1988, each state's share of funds for basic Rehabilitation Services was 20%, while the Federal government was to give the remaining 80 percent. Starting in fiscal year 1989, the states have been required to increase their matching funds by one percent every year until the ratio between Federal and state shares become 75:25 (FY 89, 21%; FY 90, 22%; FY 91, 23%; FY 92, 24%; FY 93, 25%) (34 CFR 361. 86). For some special projects, the Federal and state dollar match is set at 50:50. The Rehabilitation Act stipulates that a state cannot use Federal dollars if it does not match the monies with the required percentage of its share.

2. State Rehabilitation Agencies

A. *Organization*

In 28 states, there are two rehabilitation agencies, one for persons who are blind or visually impaired, and the other for persons with any other disability(ies). In the remaining states, a single rehabilitation agency serves persons with all disabilities.

B. *State Plans for Rehabilitation Services*

In order for a state to be eligible for grants from the Federal government, the state must submit an approvable State plan covering a three-year period (34 CFR 361.2). The State plan must meet Federal requirements and provide for financial participation by the state (34 CFR 361.5). The state plan must identify a state agency to administer the program. This agency may vary from state to state. In Arizona, for example, it is the state's Department of Economic Security. In many states it is the state's Department of Education. In some it is the state's Department of Labor, or Department of Health which administers the Vocational Rehabilitation program.

The program must have a full-time director and must be located at an organizational level within the state that is comparable to other major organizational units. Sufficient staff with appropriate qualifications to carry out the requirements of the legislation must also be employed (34 CFR 361.6).

(For a detailed description of items included in the State plan, please refer to Appendix C, Code of Federal Regulations, 34 CFR 361.2-8.)

3. Tribal VR Programs

States have a responsibility to serve American Indians with handicaps under the Federal-State VR program. In addition, the Rehabilitation Act authorizes special grants specifically for the rehabilitation of American Indians with handicaps living on or near reservations. These services are intended to supplement the services provided by the Federal-State VR program. The Indian VR grants are awarded to the governing bodies of Indian tribes located on Federal and State Indian reservations.

The first Indian VR program funded under this grant was the Navajo Vocational Rehabilitation Program (NVRP) in 1981. There are seventeen tribal VR programs operating on reservations in ten different states today. Fourteen of these receive federal grants for their vocational rehabilitation programs (See Appendix B).

The following is an informational paper on VR grants for Indian tribes by M. F. Smith reproduced with permission.

Vocational Rehabilitation Grants for Indian Tribes

Prior to FY 1987 specific amounts were appropriated for Indian projects and no minimum amount was required for Indian VR services under the Act. These funds were authorized under section 100(b)(3) of the Rehabilitation Act. However, the appropriations for Indian VR services were limited to a maximum amount equal to one percent of the amount appropriated for the Federal-State VR program. Federal funds were first specifically granted for VR services for American Indians in FY 1981 with a $650,000 award to the Navajo tribe. Funding has continued for the Navajo project, and in FY 1985 another project was established by the Chippewa Cree Rocky Boy tribe in Montana. In FY 1986, a grant was awarded to the Shoshone Bannock tribe in Idaho and the existing grants were continued.

The 1986 amendments to the Act discontinued this authorization for the Indian VR program. In its place, the amendments authorized a new funding

provision under which a portion of the funds authorized for the Federal-State VR program is required to be reserved for grants to Indian tribes. The new program is authorized under section 110(d) of the Rehabilitation Act. The amendments require that not less than one-quarter of one percent, but not more than one percent, of the funds appropriated for the Federal-State VR program be set aside for grants to Indian tribes. The Commissioner of the Rehabilitation Services Administration is responsible for determining the specific amounts to be reserved within the statutory limitations. The 1986 amendments changed Indian VR services to an entitlement program. States are entitled to an allotment of the amount authorized for the Federal-State VR program, and Indian tribes are entitled to a portion of the funds appropriated for the Federal-State VR program.

The new minimum funding provision for Indian VR services increased support for such services from an appropriation of $1.34 million in FY 1986 to an entitlement of at least $3.203 million in FY 1987. The Administration has taken the position that an increased of this magnitude is not necessary to meet the rehabilitation needs of American Indians. The FY 1988 Administration budget for the Department of Education requests that the statutory minimum entitlement for grants for Indian VR services be reduced to one-eighth of one percent, and that FY 1987 funds also be reduced to this lower minimum. Grants to Indian tribes for VR services are to be matched on a 90 percent Federal — 10 percent tribal basis. The matching amount provided by the tribe may be in case or in kind, fairly valued. The Commissioner may waive the non-Federal share if a tribe is unable to contribute the matching amount. Grants to Indian tribes are generally to be awarded for a period of not less than 12 months nor more than 36 months. In awarding Indian grants, the Commissioner is to give priority to continuation of previously funded programs.

Under the Indian grants, tribes are authorized to provide comprehensive rehabilitation services comparable to those delivered by the Federal-State VR programs, including counseling, physical and mental restoration, job training, and job placement. In addition, the 1986 amendments authorized the provision of "services traditionally used by Indian tribes," including healing services and methods that are part of traditional practice. The grants

to Indian tribes are to be supplementary to Federal-State VR services, and State VR agencies are to continue to provide services to American Indians residing on reservations receiving the Indian VR grants.

The 1986 amendments to the Rehabilitation Act require the Secretary of Education to conduct a study of the special problems and needs of Indians with handicaps both on and off the reservation. The study is to be done in consultation with the Directors of the Office of Special Education and Rehabilitative Services and the National Institute on Disability and Rehabilitation Research in the Department of Education, as well as with the Assistant Secretary of Interior for Indian Affairs and the Director of Indian Health Services. Representatives of Indian tribes are also to be included. The study is to assess the nature and extent of cooperative efforts among programs conducted under the Rehabilitation Act. The study is to be completed by October 21, 1987.

Funding for VR Grants to Indian Tribes

FY 1981	FY 1982	FY 1983	FY 1984	FY 1985	FY 1986	FY 1987
$650,000	$624,000	$650,000	$715,000	$1,430,000	$1,340,000	$3,203,000

FY = Fiscal Year

Refer to Appendix B for :

List of informational and resource agencies:

- Rehabilitation Services Administration (RSA)
- Regional RSA offices
- Tribal Vocational Rehabilitation Projects
- Funding Histroy of Tribal Vocational Rehabilitation Projects
- Regional Rehabilitation Continuing Education Programs (RRCEPs)
- Rehabilitation Research and Training Centers (RTCs)
- National Rehabilitation Information Center (NARIC)
- Native American Research Information Service (NARIS)

Refer to Appendix C for:

Code of Federal Regulations (34 CFR 361.2-8)

UNIT 3

Fundamentals of Rehabilitation Vocational and Related Programs

Introduction

The Rehabilitation Act of 1973, as amended, authorizes comprehensive vocational rehabilitation (VR) services for individuals with physical and mental handicaps. The major program authorized under this Act is the Federal-State VR program. The Rehabilitation Act also authorizes research, personnel training, and special training for potentially employable people with severe handicaps and other special needs. For people with severe handicaps who do not have employment potentials presently, the Act authorizes services to increase their potentials in independent living (Smith, Congressional Research Service, 1987).

Objectives of Rehabilitation Services

The Federal-State rehabilitation services are provided with the following objectives: (a) to prepare people with disabilities to find and/or maintain employment, (b) to assist individuals with disabilities to learn skills necessary to live more independently, and (c) to give on-going support to individuals who are severely disabled and who need on-going support in maintaining employment.

Rehabilitation Process and Rehabilitation Counselor

Bitter (1979) describes the Rehabilitation process as "a goal-oriented, individualized, sequence of services designed to help handicapped persons achieve vocational adjustment" (p. 11). The process involves many human service specialists and a rehabilitation service coordinator. This rehabilitation service coordinator is called a rehabilitation counselor (Bitter, 1979).

Typical Services

The Federal government's definition of VR services is "any goods or services necessary to render a handicapped individual employable." Under this definition, the following may be offered as VR services (Wright, 1980, p. 180):

1. Evaluation of VR potential, including diagnostic and related services incidental to the determination of eligibility for, and the nature and scope of services to be provided.

2. Counseling, guidance, referral, and placement, including postemployment services necessary to maintain employment.

3. Vocational and other training services, including personal and vocational adjustment, books, and other training materials.

4. Services to family members of eligible individuals when such services are necessary to the rehabilitation of the handicapped individual who is undergoing services.

5. Physical and mental restoration services, including, but not limited to, treatment or corrective surgery, hospitalization, therapeutic recreation, prosthetic and orthotic devices, dental services, eyeglasses and visual services, and treatment for mental and emotional disorders.

6. Maintenance, not exceeding the estimated cost of subsistence, during rehabilitation.

7. Interpreter services for deaf individuals, and reader services for blind individuals.

8. Rehabilitation teaching services and orientation and mobility services for the blind.

9. Occupational licenses, tools, equipment, and initial stocks and supplies.

10. Transportation in connection with the rendering of any vocational rehabilitation service.

11. Telecommunications, sensory, and other technological aids and devices.

12. Management services for small businesses operated by the severely handicapped (individuals), including the acquisition by the state agency of vending facilities.

13. Placement in suitable employment.

14. Post-employment services as necessary.

15. Other goods and services as needed.

The following services may be offered to clients under Comprehensive Services for Independent Living if the services are deemed appropriate (Wright, 1980, p. 181):

1. Housing, including appropriate modifications of space used.

2. Therapeutic treatment.

3. Health maintenance.

4. Attendant care

5. Peer counseling.

6. Recreational activities.

7. Services to children, including the development of communication and other skills.

8. Any preventive services to decrease future needs for rehabilitation services.

Services provided to American Indians under American Indian Vocational Rehabilitation Programs are required to be comparable to those offered by the Federal-State VR programs. In addition, the amendments of the Rehabilitation Act authorize the delivery of "services traditionally used by Indian tribes" which include healing services and other methods that are part of traditional practice. (Please refer to Appendix C: Code of Federal Regulations 34 CFR 361.32; 34 CFR 361.39; 34 CFR 361.41; 34 CFR 361.71; and 34 CFR 371.41 for details on this subject.)

Client Assistance Program

A client assistance program (CAP) is required in every state as a condition to receive funds for Federal-State VR programs under section 110 of the Act (section 112). Client assistance programs are responsible for providing assistance and advice to clients, applicants, and other individuals who are handicapped regarding benefits available under the Rehabilitation Act. The CAP is to assist in pursuing administrative, legal, or other remedies to protect the rights of individuals with handicaps.

A Client Assistance Program administration is required to be independent of any other agency that is providing services to individuals with handicaps under the Rehabilitation Act. A VR service agency that included CAP under its administration prior to the year 1984 is exempted from this rule. In such a case, the Governor of the State may not reconstitute the CAP outside the service-providing agency's administration without providing an opportunity for public comment on the proposed change (Smith, Congressional Research Service, 1987).

Three Areas of Service

The three main areas of service authorized by the Rehabilitation Act are: (a) Basic Vocational Rehabilitation Services, (b) Supported Employment Services, and (c) Comprehensive Services for Independent Living.

I. *Vocational Rehabilitation Program*

Vocational rehabilitation services are intended for a person with a disability(ies) whose physical or mental impairment presents a substantial handicap to employment. The individual must have employment potential to be eligible for vocational rehabilitation services. "Persons with severe handicaps who have employment potential are to receive VR services on a priority basis. Severely handicapped persons without current employment potential are not considered eligible to receive VR services" (Smith, Congressional Research Service, 1987, p. 5).

The Federal-State VR programs are authorized to provide comprehensive services under an Individualized Written Rehabilitation Plan (IWRP). The

plan should include evaluation of employment potential, physical and mental restoration, vocational training, special devices required for employment, job placement, follow-up services, and any other services required to make the person with a handicap(s) become employable (Smith, Congressional Research Services, 1987). (Please refer to Appendix C, 34 CFR 361.41, The individualized written rehabilitation program: Content.)

II. *Supported Employment Services*

"The 1986 amendments to the Rehabilitation Act established a state allotment program to assist states in developing collaborative programs with public agencies and nonprofit organizations for 'training and traditionally time-limited post-employment services' (Title VI, Part C) leading to supported employment" (Smith, Congressional Research Services, 1987, p. 30). These funds may be utilized for evaluation of rehabilitation potential, providing job trainers, identifying and developing appropriate jobs, follow-up services, and other services needed to facilitate the individual in a supported employment position. On-going supported employment services are not to be funded under this program; they are to be supported through other sources. The 1986 amendments also stipulate that the State Plan should contain an acceptable plan to make use of funds for supported employment services. Exception to this stipulation is permitted only when the funds allocated for supported employment services are less than five million dollars (Smith, Congressional Research Service, 1987). (Please refer to Supported Employment: A Summarized Guide in Appendix D.)

III. *Comprehensive Services for Independent Living*

States are authorized to offer independent living services to individuals whose disabilities are severe and who do not have the potential for employment currently. The services offered under this program must enable the individuals to live and function independently in the family and community. Such services can include counseling, housing incidental to service delivery, transportation, attendant care, health maintenance, recreational services, and services for preschool children (Smith, Congressional Research Service, 1987).

Each state receiving assistance under the program Title VII: Comprehensive Services for Independent Living, is required to have an independent living council which provides guidance for the development and expansion of the program throughout the state. This council is required to have the majority of its membership comprising individuals with handicaps and parents or guardians of individuals with handicaps (Smith, Congressional Research Service, 1987).

Centers for Independent Living

Discretionary grants for independent living centers help provide a broad range of independent living services including advocacy with respect to legal and economic rights (Title VII, Part B of the Act). These centers are responsible for community activities such as survey development, preparing directories to identify accessible housing, transportation, and other support services. Since October 1987, centers for independent living are required to have a board, the majority of which must be individuals with handicaps (Smith, Congressional Research Service, 1987).

Independent Living Services for Older Blind Individuals

This program is authorized by the Act in order to help older people with blindness to enable them to adjust to their blindness and to make them become more able to care for their individual needs (Title VII, Part C). Services provided under this program include outreach, visual screening, therapeutic treatment for disabling eye conditions, mobility training, Braille instruction, and guide and reader services (Smith, Congressional Research Service, 1987).

Refer to Appendix C for:

Code of Federal Regulations 34 CFR 361.32; 361.34; 361.39; 361.41; 361.71; and 371.41

Case Management

The Role of the Rehabilitation Counselor

The role of the rehabilitation counselor is a multifaceted one. Basically, a rehabilitation counselor must possess counseling and service coordinating skills. In addition, the counselor is required to exhibit a variety of competencies in all phases of the job (Bitter, 1979; Rubin & Roessler, 1983). Greenwood (1982) presents some of these required tasks in the following table:

Phase of Work	Task
1. Intake Interviewing through Interaction and Information Exchange Techniques	A. Collecting social and vocational history B. Disseminating information C. Developing rapport D. Related decision making, recording, and reporting
2. Eligibility Determination	A. Arranging and purchasing evaluation services B. Determining extent of disability, handicap to employment, and client feasibility C. Related decision making, recording, and reporting
3. Development of the Rehabilitation Plan	A. Involve client B. Determining main vocational rehabilitation goals C. Developing goal attainment assessment plan D. Related decision making, recording, and reporting
4. Arranging and Purchasing Rehabilitation Plan Designated Services	A. Counseling services B. Restoration services C. Training services D. Related decision making, recording, and reporting
5. Monitoring and Solving problems	A. Monitoring progress and solving problems B. Related decision making, recording, and reporting
6. Interaction with significant others	A. Families of clients B. Friends of clients C. Civic club members D. Related decision making, recording, and reporting
7. Placement and Follow-up	A. Job development B. Advocate for client with employer C. Follow-up D. Related decision making, recording, and reporting

[Adapted from Greenwood, 1982, p. 170]

Besides all these tasks and responsibilities, a rehabilitation counselor working on a reservation with American Indian clients must be aware of the cultural beliefs and other value systems of the client's tribe. Without adequate knowledge of and respect for the client's belief systems, the counselor is bound to face problems in the rehabilitation process. Proficiency in the client's tribal language is a helpful tool in establishing a positive working relationship with the client.

Case Management

Case management refers to the counselor's responsibility to "manage" each case at each step throughout the rehabilitation process. The managerial activities of the counselor for every individual case include "case finding, intake, eligibility determination, assessment, counseling, plan development and implementation, service provision and supervision, job placement and follow-up, and postemployment services" (Wright, 1980, p. 170).

Caseload Management

Caseload management refers to the managerial activities of a counselor for the rehabilitation process of the entire group of clients in the caseload. "It is actually the collective result of the counselor's work with individual clients. Caseload management requires such administrative talents as observation, evaluation, decision-making, monitoring, and recording" (Wright, 1980, p. 170).

Systematic Caseload Management

The number of cases and nature of cases managed by one counselor may not be similar to those managed by another counselor. To present an overall picture of caseloads managed by individual counselors in a rehabilitation agency is not easy. But, such collective caseload data are essential at the local agency, State, and Federal levels in order to evaluate programs over time and compare the different areas. Evaluation of programs is possible mainly through the evaluation of caseload management. In short, such an evaluation ascertains whether caseload management is aligned to its objective of serving "the greatest number of rehabilitants at the least possible cost consistent with the highest standards of quality" (Wright, 1980, p. 172).

To achieve this objective, the counselor needs to "(1) plan for effective allocation of time and skills across a caseload; (2) manage the plan making best use of counselor skills, resources, and time; and (3) review clients progress periodically to ascertain the effectiveness of services" (Greenwood, 1982, p. 159). The following five principles are recommended to a rehabilitation counselor for effective caseload management (Wright, 1980, p. 172):

1. Prepare a daily time schedule based on priorities.

2. Make objective decisions based on the best information available. Make sure these decisions are "in accordance with the informed wishes of the responsible client."

3. Case selection priorities must be in line with agency guidelines. Remember that persons with severe handicaps who have employment potential are to receive vocational rehabilitation services on a priority basis.

4. All appropriate management techniques should be employed "to control the distribution, quality, quantity, and cost of all aspects of casework activities to achieve desired goals."

Status Codes

The VR process is identified in stages, which are "check points of progress" as Wright (1980) calls them. Client status is referred to in a two-digit code which indicates where a client is in the rehabilitation process at a given time. Status codes, their meaning, and when they are used in the rehabilitation process are explained in the following (Bitter, 1979, p. 38-39):

> ***Status 00*** represents ***referral*** to the rehabilitation program. The referral may be from another agency or an individual or a self-referral to the state rehabilitation agency. Whether by personal contact, telephone, or letter, the referral information should include: name and address of the disabled individual, the nature of the disability, age and sex of the individual, the date of referral, and the source of referral.

Status 02 represents ***application*** for rehabilitation services. This application can be made on an agency form or merely be a letter signed by the individual. While the individual is in this status, information is acquired by the rehabilitation counselor to make a determination of eligibility or ineligibility for rehabilitation services. The rehabilitation counselor may decide to provide an extended evaluation period to make such a determination (status 06).

Status 06 represents an ***extended evaluation period***. In the event the rehabilitation counselor is unable to determine whether a client will vocationally benefit if provided rehabilitation services, he may authorize an extended period, not to exceed 18 months, in which to evaluate the person's rehabilitation potential and to determine eligibility or ineligibility for services.

Status 08 is an ***ineligible closure status*** for all persons processed through referral application and/or extended evaluation and not accepted into the active caseload for rehabilitation services.

Status 10 designates a person as eligible for rehabilitation services and permits ***Individualized Written Rehabilitation Program development***. At this point the client becomes an active case. During this stage of the rehabilitation process, the counselor utilizes information from the thorough diagnostic study and, with the client's involvement, prepares an Individualized Written Rehabilitation Program of rehabilitation services for the client.

Status 12 is an administrative code representing ***completion of the written program*** of service for the client. The client remains in this status until the necessary arrangements are made with service delivery agencies for implementing the Individualized Written Rehabilitation Program.

Status 14 is intended as an in-service classification for cases which require ***counseling and guidance only***, and possibly placement services, for preparing the client for employment. It should be noted, however, that counseling and guidance occur throughout the rehabilitation process and support other services. If other services are

unnecessary for achieving the rehabilitation objectives and goals, status 14 is an appropriate categorization.

Status 16 represents ***physical and mental restoration*** services, including medical, surgical, psychiatric or therapeutic treatment, and/or the fitting of a prosthetic appliance.

Status 18 represents ***training***. This status may be used to reflect almost any sort of learning situation, including school training, on-the-job training, tutoring, and training by correspondence. Many times physical or mental restoration services are also needed. In such cases the client is generally identified with the status which will represent the longest period of time.

Status 20, like status 12, is an administrative code indicating that the individual is ***ready for employment***. The client has completed the preparation stages for employment and is either ready to accept a job or has been placed and has not yet begun employment.

Status 22 signifies that the client is ***in employment***. Federal legislation requires that the client remain in this status a minimum of 60 days before being closed as successfully rehabilitated (status 26).

Status 24 is also an administrative classification which indicates ***service interruption*** in the rehabilitation process (statuses 14 to 22). The client remains in this status until he returns to one of the in-service statuses or his case is closed.

Status 26 represents ***closed, rehabilitated***. This status is the end result of the successful rehabilitation process. To be closed as successfully rehabilitated, the client must have been declared eligible for rehabilitation services, must have received appropriate diagnostic and related services, must have had an Individualized Written Rehabilitation Program, must have completed the program of services, and finally must have been determined to be suitably employed for a minimum of 60 days.

Status 28 indicates that the client's case is ***closed for other reasons after the Individualized Written Rehabilitation Program*** was

initiated. Cases closed in this status have met the eligibility criteria for services and have been provided at least one of the services of the rehabilitation program but the client has not become successfully employed.

Status 30 represents cases ***closed for other reasons before the Individualized Written Rehabilitation Program*** was initiated. Such clients have been accepted for rehabilitation services but have not progressed to the point where any services were actually implemented under the Individualized Written Rehabilitation Program.

Status 32 is a ***postemployment service*** phase for assisting rehabilitated clients in maintaining employment. Any rehabilitation service that relates to the client's original goal and does not entail a new comprehensive effort may be provided.

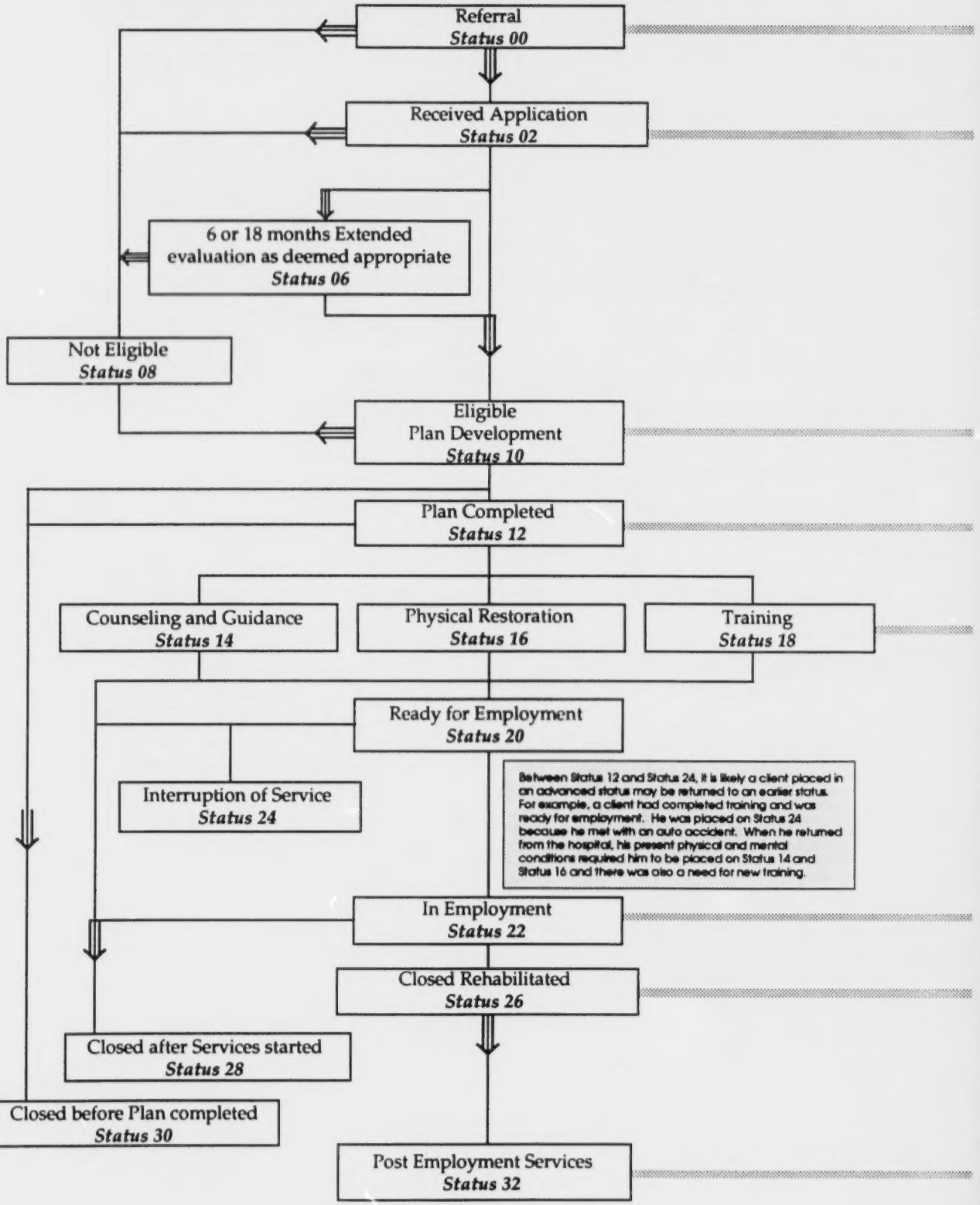
Since 1973, Status 04 has not been used. Before 1973, Status 04 represented a six month extended evaluation of rehabilitation potential for clients with disabilities which were not severe. The 1973 Amendments of the Act brought in an extended evaluation period of 18 months for all clients. Thus, Status 04 was done away with (Bitter, 1979).

Procedures to be adopted while dealing with a client who needs Supported Employment Services are illustrated in the flow chart. Also please refer to Apendix D for *Supported Employment: Summarized Guide* prepared by the Rehabilitation Services Administration, Arizona.

Note: The flow chart is adapted from Bitter, J. A. (1979). *Introduction to Rehabilitation Process* (p. 39). St. Louis: C. V. Mosby Company.

Special appreciation is expressed to Priscilla and Timothy Sanderson of the Flagstaff, Arizona Vocational Rehabilitation office who made a significant contribution to the development of the flow chart.

Flow Chart of the Vocational Rehabilitation Process


Referral
Status 00
Received Application
Status 02
6 or 18 months Extended evaluation as deemed appropriate
Status 06
Not Eligible
Status 08
Eligible
Plan Development
Status 10
Plan Completed
Status 12
Counseling and Guidance
Status 14
Physical Restoration
Status 16
Training
Status 18
Ready for Employment
Status 20
Interruption of Service
Status 24
Between Status 12 and Status 24, it is likely a client placed in an advanced status may be returned to an earlier status. For example, a client had completed training and was ready for employment. He was placed on Status 24 because he met with an auto accident. When he returned from the hospital, his present physical and mental conditions required him to be placed on Status 14 and Status 16 and there was also a need for new training.
In Employment
Status 22
Closed Rehabilitated
Status 26
Closed after Services started
Status 28
Closed before Plan completed
Status 30
Post Employment Services
Status 32

Supported Employment

Counselor should explain to the referral source what an appropriate referral is — potential to participate in a training program leading to supported employment. Identify funding source for extended supported employment services. Get written commitment from funding source at this time, if possible.

Discussion with potential funding source for extended supported employment services. The funding source should approve that client needs on going support services in order to maintain employment.

Determine client has potential to engage in a training program leading to supported employment. Obtain written commitment from funding source other than Vocational Rehabilitation (VR) that funds are available for extended supported employment. Record estimated time needed to close case on Status 26.

If planning a Training and Traditionally (T & T) time-limited post-employment service, counselor should hold a staffing consisting of job coach, Extended Supported Employment Services (ESS) counselor/case manager, and client. Make sure T & T plant is an integrated worksite and is community based. Copy of the Individualized Written Rehabilitation Program (IWRP) should be sent to ESS counselor/case manager. Assess need for VR time limited post-employment services.

Maximum time for T & T placement to VR closure cannot exceed 18 months. Send IWRP plan amendment to ESS counselor/case manager.

Ensure client has learned job tasks and work is integrated and community based. Staffing which includes ESS counselor/case manager is required at Status 22. Give an estimated time of closure and anticipated supported employment services that will be needed.

Complete coordination sheet with funding source's signature. Transfer case to ESS counselor for transition to extended support services.

Extended Supported Employment services are to be provided by ESS counselor and this is pre-planned and identified in the IWRP.

or

To be provided by title XX counselor if not pre-planned for clients funded by title XX or private funds. Severe Mental Illness (SMI) clients will be case managed by (ADHS), title XX clients by title XX counselor, Department of Developmental Disabilities (DDD) clients by DDD. If the client needs further T & T or new job, title XX counselor or case manager provides it.

Recording and Reporting

Recording and reporting are integral parts of a rehabilitation counselor's job. Recording and reporting are emphasized in the Rehabilitation Act. CFR 34 361. 23 sums up the regulation for reporting in the following words:

> The State plan must assure that the State agency or the designated State unit, as appropriate, submits reports in the form and detail and at the time required by the Secretary, including reports required under special evaluation studies. The State agency or the designated State unit, as appropriate, must also comply with any requirements necessary to assure the correctness and verification of reports (p. 279).

CFR 34 361.39 states the regulations for keeping case record for each individual client. A case record should include, to the extent pertinent, the following information:

> (a) Documentation concerning the preliminary diagnostic study supporting the determination of eligibility, the need for an extended evaluation of vocational rehabilitation potential, and, as appropriate, documentation concerning the thorough diagnostic study supporting the nature and scope of vocational rehabilitation services to be provided;
>
> (b) In the case of an individual who has applied for vocational rehabilitation services and has been determined to be ineligible, documentation specifying the reasons for the ineligibility determination, and noting a review of ineligibility determination carried out not later than twelve months after the determination was made;
>
> (c) Documentation supporting any determination that the individual's handicaps are severe;
>
> (d) Documentation as to periodic assessment of the individual during an extended evaluation of vocational rehabilitation potential;
>
> (e) An individualized written rehabilitation program as developed under CFR 34 361.40 and 361.41 (Refer to Appendix C) and any amendment to the program;

(f) In the event that physical and mental restoration services are provided, documentation supporting the determination that the clinical status of the individual with handicaps is stable or slowly progressing unless the individual is being provided an extended evaluation of rehabilitation potential;

(g) Documentation supporting any decision to provide services to family members;

(h) Documentation relating to the participation by the individual with handicaps in the cost of any vocational rehabilitation services if the State unit elects to condition the provision of services on the financial need of the individual;

(i) Documentation relating to the eligibility of the individual for any similar benefits, and the use of any similar benefits;

(j) Documentation that the individual has been advised of the confidentiality of all information pertaining to his case, and documentation and other material concerning any information released about the individual with handicaps with his or her written consent;

(k) Documentation as to the reason for closing the case including the individual's employment status and, if determined to be rehabilitated, the basis on which the employment was determined to be suitable;

(l) Documentation of any plans to provide post-employment services after the employment objective has been achieved, the basis on which these plans were developed, and a description of the services provided and the outcomes achieved;

(m) Documentation concerning any action and decision involving the request by the individual with handicaps for review of rehabilitation counselor or coordinator determinations under CFR 34 361.48 (refer to Appendix C);

(n) In the case of an individual who has been provided vocational rehabilitation services under an individualized written program but who

has been determined after the initiation of these services to be no longer capable of achieving a vocational goal, documentation of any reviews of this determination in accordance with CFR 34 361.40(d) (see Appendix C).

Refer to Appendix C for:

CFR 34 361.40; 361.41; and 361.48

Refer to Appendix D for:

Supported Employment: A Summarized Guide, prepared by the Rehabilitation Services Administration of Arizona

UNIT 5

Outreach

Introduction

American Indians with disabilities are underrepresented in vocational rehabilitation services (O'Connell, 1987). Utilization of vocational rehabilitation services by American Indians is not commensurate with their needs. Main reasons for this situation are: (a) transportation problems, (b) cultural gap between the service providers and consumers, (c) lack of employment opportunities on or near reservations, (d) lack of commitment to VR which demands self initiative and perseverance, (e) language barriers, and (f) substance abuse problems (Martin, Frank, Minkler, & Johnson, 1988).

Employees of vocational rehabilitation projects operating on or near reservations need to realize that they should, first, strive to create an awareness of the program among the people in the local area. An active "outreach" program which takes services to people who do not "walk in" and seek VR services is considered important in any government sponsored rehabilitation project (Wright, 1980). Taking services to the door-step of people helps to build a community-wide reputation for the VR agency. This, in turn, creates a favorable impression and helps clients trust and follow the rehabilitation process.

Effective Case-finding

Rehabilitation counselors must be good at case-finding. If the community is made to understand the objectives and benefits of rehabilitation, case-finding becomes less difficult. By networking with employees of other private and public organizations who are likely to come across people with disabilities, a VR counselor can: (a) effectively inform the community about VR, and (b) get cases recommended for VR services. For effective case-finding, a VR counselor can: (a) develop formal agreements with personnel in referral agencies, (b) have regular interagency visits, and (c) organize a joint case staffing or a joint training program. Interagency cooperation is vital for achieving maximum success in case-finding (Wright, 1980).

Effective case-finding increases the number of people who receive VR services. It may help to find a potential client for VR services at an early stage of his/her disability. Effective case-finding also improves the quality of services provided to a person because "how and when" one gets rehabilitation services has a direct impact on the results of the services. For example, "a disabled person whose job skills and work personality have deteriorated from years of neglect presents a more difficult problem than that which the same person may have had years before" (Wright, 1980, p. 230).

Guidelines for Developing Effective Referral Sources

Public and private agencies, and individuals are sources of referrals. Health agencies (example: Indian Health Service), employment and guidance service agencies, welfare agencies, educational institutions, special interest agencies (example: National Indian Council On Aging), insurance companies, civic service groups (example: Indian Centers), religious groups, employers, and labor unions are typical referral sources (Wright, 1980). The rehabilitation agency should establish a friendly relationship with these agencies. The referral agencies must be informed about the eligibility requirements for rehabilitation services. This does not mean that the referral agency will screen and determine a person's eligibility for VR services. This is only to help the referral source to explain to the potential client that he/she needs to meet certain eligibility criteria to qualify for services.

As explained earlier, most effective results of vocational rehabilitation services are possible if clients begin the VR process soon after the onset of disability. For this reason, early case-finding is important. Working more closely with a primary referral source, such as a community health representative (CHR) at the local Indian Health facility or at the tribal health department, may be useful in early case-finding. A primary referral source often gets to see a case first compared to a secondary referral source (such as an employee of a welfare agency). Listed below are some more suggestions for effective case-finding (Wright, 1980, p. 232):

1. Maintain an open-door policy for new referrals to the agency to show referral sources that more referrals are desired.

2. Make periodic examination of sources of referrals to assure a continuing flow of cases from all potential community resources.

3. Assign each counselor responsibility for maintenance of contact with certain agencies and potential sources of referrals.

4. Prepare formal referral forms for use by referral sources.

5. Develop prompt and cordial reporting-back procedures to inform referral sources about referrals made.

6. Give prompt attention to referrals to avoid delaying needed services.

7. Maintain a record of referrals — by date of referral, source, and actions taken — for evaluation and follow-up purposes.

8. Provide for preliminary evaluation as a basis for acceptance or rejection of referrals.

9. Advise the client and referral agency or other interested parties [if it is legal to release information to them] of action taken and the reasons.

It is worth keeping in mind that outside sources will continue to refer potential clients to a rehabilitation agency only if they are satisfied with the services the agency provided to the clients referred previously (McGowen & Porter, 1967; Wright, 1980).

UNIT 6

The Intake Interview

Introduction

In the process of determining the eligibility of a person with disabilities to receive vocational rehabilitation services, there are four major steps: (a) orientation, (b) application, (c) intake interview, and (d) eligibility determination. It is ideal to reach out to every prospective client and explain what vocational rehabilitation can do for him/her. Regular orientation meetings can also be held at different parts of the reservation for groups of individuals with disabilities. These meetings can be organized with the help of referral sources. After the orientation, if an individual decides to seek VR services, he/she fills out an application form. On the basis of this application, the VR counselor arranges for an intake interview. The intake interview is also referred to as the initial interview. The importance of the intake interview and the essential elements of the intake interview are discussed in this unit.

The Purpose of the Intake Interview and the VR Counselor's Responsibility

The intake interview involves communication between the VR counselor and the client. The prime objective is to obtain factual information about the client's social and vocational history, (Rubin & Roessler, 1983) his/her disability, and functional limitation(s) imposed by the disability. To gather all the information needed to determine the eligibility of the client for VR services, the counselor must prepare well for the intake interview. The general and specific goals for each interview should be determined by the counselor and he/she should structure the interview so as to achieve these goals (Farley & Rubin, 1982).

Time Limit to Arrange for an Intake Interview

Most VR agencies have a policy that a counselor should contact the applicant and arrange for an intake interview within a certain number of days from the day the application is received. For example, the Alaska Division of Vocational Rehabilitation (1989) requires the VR counselor to contact the

applicant and arrange for an interview within ten days after receiving the application. The time limit may change from agency to agency. It is likely to depend mainly on the number of counselors available and the case load in an agency. A policy such as this is important because "it is imperative that counselors act as expeditiously as possible" (Britten, 1981, p. 72). A quick response to the application by contacting the client and arranging for an interview will make the client form a positive opinion about the VR agency and what it offers.

The Setting for an Intake Interview

The intake interview usually takes place in the office of the VR counselor. If necessary, it can take place at the client's residence or any other place agreeable to and private enough for the client and the counselor. The interview setting should be such that it facilitates "the achievement of intake interview diagnostic goals and the development of counselor-client rapport" (Farley & Rubin, 1982, p. 47). The interview should be directed by the counselor in such a manner that the client likes the counselor, perceives the counselor as competent, and feels that the counselor cares about him/her. These psychological factors will increase the chances of the client expressing himself/herself freely and truthfully.

General Goals of an Intake Interview

The intake interview is arranged for two purposes: (a) information dissemination, and (b) information collection. The VR counselor should consider the following general goals of the intake interview while preparing for it (Bitter, 1979; Farley & Rubin, 1982; Rubin & Roessler, 1983):

1. The role and functions of the rehabilitation agency, services available, client rights and responsibilities, and "the extent to which counselor-client discussion is confidential" (Farley & Rubin, 1982, p. 41) must be explained clearly to the client.

2. Collect (and record later) socio-vocational information about the client.

3. Establish an adequate work-relationship with the client. The client should be made to feel comfortable interacting with the counselor. The client should

feel that the counselor is competent, considerate, and genuinely interested in the well-being of the client.

Under no circumstances should the intake interview become a mere recording of facts or filling up columns in a form. The counselor should get a sense of what the client's expectations are and personalize the orientation. To achieve this, the counselor should use specifically worded statements on the role and functions of the agency. In addition, the counselor must explain his/her multifaceted role as a direct service provider, as a coordinator of services, and as a client advocate.

> The counselor should always serve as the client's advocate both within and outside the counseling interview. Statements made during the intake interview that communicate counselor commitment to facilitating the client's rehabilitation, and that everything done will be with the client's benefit as the major consideration can enhance the counselor-client relationship and augment client cooperation (Farley & Rubin, 1982, p. 41).

Confidentiality

As mentioned earlier, the counselor must explain the rules related to confidentiality of information. The most salient of these rules are:

1. Any information received from another agency or a professional cannot be released to the client. Only the originating source has the right to release such information.

2. If the client or his/her legally authorized representative requests information from the client's file to be sent to someone else or to another agency: (a) the release of such information must be directly connected with the administration of the client's VR program; (b) a *release of information form* must be signed by the client or his/her legally authorized representative; and (c) the person or agency which will receive the information should submit in writing that the information will be used only for the purpose for which it is provided and the information will not be released to any other person or agency.

3. Information from the client's case file will not be released to anyone else without client's consent. Exceptions to this rule apply in the following cases:

i. Any federal, state, or tribal official who has a legal authority to audit or review the activities of the VR program may have access to information in client case files.

ii. A researcher may be given information from client case files on condition that the final product of such research activity will not reveal personal information about any client.

iii. The VR program may release information regarding a client: (a) to the Social Security Administration for the purpose of making eligibility determinations, (b) to medical personnel in the event of medical emergency, (c) to any appropriate body or person (e.g. family; police) if the VR program determines that the client is a threat to him/herself or to the society.

4. If the client or his/her legally authorized representative has lodged a complaint against the VR program or one of its employees, information from the client's file will be released to the appropriate body or person who looks into the complaint (e.g. Client Assistance Program).

5. If the client's case is referred to another agency or program as part of his/her VR program, information will be released to that agency or program.

6. Personal information about the client can be released to any law enforcement or judicial authority if it is necessary to achieve VR goals or if there is a court order.

"Collection Guide for the Intake Interview"

Evaluation of a client during the intake interview centers around four main factors. The counselor collects information on physical, psychological, educational-vocational, and economic factors related to a client. Farley and Rubin (1982) present the following "Collection Guide for the Intake Interview" to elicit information from a client (pp. 54-56):

I. Physical Factors

a. What specific physical impairments are present?

b. What caused the disability?

c. How long has the client been disabled?

d. Has the client received any disability-related treatment in the past (e.g., physical therapy, occupational therapy, prosthetics, or orthotics)?

e. Has the client's disabling condition become worse over the last year?

f. Is the client currently receiving any disability related treatment?

g. Is the client taking any medication with potential side-effects?

h. Do any recent medical test results clarify the extent of physical impairment?

i. How does the client's physical disability handicap daily functioning?

II. Psychological Factors

Personal Adjustment

a. Do recent psychological test results pertain to the question of client's psychological adjustment?

b. Is there any agency or professional from whom the client is presently receiving services?

c. Has the client ever received professional treatment for a personal adjustment problem?

d. Is the client taking any tranquilizers or sleeping pills?

e. Does the client report unnecessary avoidance of work and/or social situations since disabled?

Relationship with Family and Friends

a. What is the client's marital status?

b. Is the client living with his or her family [or friends]?

c. Does the client have any dependent children or parents?

d. Will the most significant family members (i.e. spouse) be supportive of the rehabilitation plan?

e. How does the client feel about his or her home environment?

f. How does the client get along with other members of the family?

g. Does the client have any close friends?

h. Is the client satisfied with his or her social life?

i. How does the client fill the hours of the day?

j. Would the client's family be willing to relocate geographically for him or her to acquire work?

III. Educational-Vocational Skills Development Factors

Education History

a. How far did the client go in school?

b. What did the client like or dislike about school [favorite class(s)]?

c. Why did the client leave school (graduate, other)?

d. If the client did not complete high school, has he or she passed a high school equivalency exam (GED)?

e. Has the client received vocational training which prepared him or her to enter a particular occupation?

Work History

a. What are the last three jobs held by the client?

b. For each of those jobs, determine:

1. Weekly earnings.

2. Length of employment. (Was it long enough to acquire specific skills?)

3. Time since job held. (Has sufficient time passed for significant skill loss to take place?)

4. Aspects of the job performed well and poorly by the client.

5. Aspects of the job liked most and least. Why?

6. Reasons for termination of employment.

c. Prior to onset of disability, were there any significant interruptions in work history? Why?

d. Is the client presently unemployed? If yes, how long?

e. Has the client been employed since he or she was disabled?

IV. Economic Factors

a. What is the client's primary source of support?

b. Does the client have other sources of support?

c. Does the client have any unpaid debts of significant size?

d. What fixed living expenses such as medication costs cannot be reduced?

e. Does the client have a workmen's compensation case pending?

f. Is the client receiving or has the client applied for Welfare or Social Security benefits?

g. Does the client have any medical insurance?

h. Is the client concerned about his or her economic situation?

i. What minimal level of earnings from work must the client receive?

Steps to Achieve an Effective Intake Interview

The following are steps a counselor may take to achieve an effective intake interview (Farley & Rubin, 1982; Rubin & Roessler, 1983):

1. Explain the general and specific goals of the intake interview to the client at the beginning of the interview. This will help the client to know what information the counselor wants to gather and it will make it easier for the client to focus his/her presentation to those general and specific goals.

2. Explain to the client any post-intake interview evaluations needed. Describe each diagnostic activity to the client. Describe what it is, when it will take place, and where it will take place. Explain why such a diagnostic activity is needed and how its outcome could help to achieve the rehabilitation objective.

3. Explain contents of the form(s) the client needs to sign. [This may be an opportunity to find out if the client can read or not.]

4. As there is so much information to be passed on to the client, a counselor may tend to overload the client with a lot of information at one time. This is likely to confuse the client. Limit the information to only what is necessary.

5. Do not use technical terms which the client may find hard to understand.

6. Summarize the significant contents at each step of the interview. Check to see if the client has understood the information provided.

7. Listen carefully to what the client says. Ask questions when necessary.

8. Do not cut short a client in the middle of what he/she is trying to say. The intake interview is for the client to express his/her perceived needs. Some

clients may have difficulty stating their needs briefly. They may want to express everything they think important.

9. Refrain from distracting hands, body, leg movements (example: tapping fingers on the table, and swinging legs).

In addition to adopting these steps, a VR counselor must be familiar with the socio-cultural, verbal and nonverbal behavioral patterns of the client. In a survey conducted among vocational rehabilitation counselors to identify factors which they considered important in the provision of services to American Indians: (a) training in culture-fair psychological and vocational evaluation approaches, and (b) training in interviewing and counseling skills with Indians were ranked high by the sample (Martin, Frank, Minkler, & Johnson, 1988). Non-Indian counselors need substantial training in the languages, culture, and values of Indian people (Lowrey, 1983).

Eligibility Determination

As stated earlier in this unit, the main objective of the application process and the intake interview is to collect information needed to determine the eligibility of the client to receive VR services. The counselor deduces from the information collected whether: (a) the client has a physical or mental condition that materially limits his/her ability to function; (b) the physical or mental condition poses a "substantial handicap to employment" (This means the condition limits the client's ability to maintain and/or to find employment. For example, a bad back is a physical condition. The inability to lift or bend is a handicap to a person whose job requires lifting and who has no transferable skills.); (c) there is a reasonable expectation that VR services may help the individual become employable. (Please refer to Glossary 1 which defines the terms *eligible and eligibility* as used in the Rehabilitation Act.

UNIT 7

Assessment and Planning

Introduction

The terms assessment and evaluation are normally used interchangeably. Assessment, or evaluation as it may be called, is a basic professional activity in rehabilitation counseling and planning. Through the assessment process, a counselor tries to acquire a complete picture of the client and his/her problems. To secure the comprehensive information on a client needed to plan and provide rehabilitation services, the assessment process should be systematic, scientific, and objective (Wright, 1980). In addition to having comprehensive information on the client, the counselor should also have comprehensive knowledge of: "(a) functional demands of the jobs existing in the local job market, (b) available vocational training programs, (c) available restoration services, and (d) other available relevant services such as sources of temporary monetary support" (Rubin & Roessler, 1983, p. 114).

There are four main levels of sequential evaluation or assessment process. They are: (a) the intake interview, (b) general medical examination, (c) specialist examination or psychological evaluation, and (d) vocational or work evaluation (Rubin & Roessler, 1983).

Intake Interview

The information collection process starts with receiving an application from the client. The counselor reviews the application to ascertain whether: (a) the applicant has a disability, (b) the disability handicaps the person's ability to perform activities pertaining to a job and the person has no transferable skills, and (c) there is a reasonable expectation that VR services may help the individual to find or to maintain employment. During the intake interview the counselor collects a social-vocational history of the client. "This history, the most significant aspect of the evaluation phase, yields information for formulating the rehabilitation plan, and for determining the subsequent evaluations that must be arranged in order to

more accurately diagnose the client's problems and treatment service needs" (Rubin & Roessler, 1983, p. 119-120).

Medical Evaluation

As part of the preliminary diagnostic study, an appraisal of the current general health status of the client is required by law. The general medical examination includes, as Rubin and Roessler (1983) cite from McGowan and Porter (1967, p. 60), "blood pressure, pulse, respiration, hearing, vision, blood vessels, lymph nodes, extremities, heart, lung, pelvis, nervous system," etc. Clinical laboratory tests (examples: urinalysis, serological test, chest x-rays) can be part of general examination. For clients 40 years and older, an electrocardiogram can also be considered in appropriate circumstances.

Rubin and Roessler (1983) give some important advice in referring clients for a general or specialist medical examination:

1. The physician could be, as much as possible, one who had treated the client earlier.

2. The physician should be very knowledgeable in the existing disabilities.

3. It is advisable to inform the physician of any tentative vocational objectives. This helps the physician to examine the client's physical capabilities with regard to the proposed vocational objectives.

4. The physician should also know relevant social and medical history of the client. For example, hospital records for hospitalization within six to eight months before the medical examination must be provided to the physician. Hospital records older than eight months must also be provided to the physician if there is a possibility of recurrence of the condition (example: cancer).

5. The counselor should send the physician some specific questions that the physician could answer after the medical evaluation. For example, for the medical evaluation of a particular client, the following questions pertaining to the client's diabetic condition were provided to the physician:

Can the client's diabetes be controlled at this time?
Is there any relationship between the client's current high blood sugar level and any failure to adhere to dietary regulations?
Are there any specific types of work situations such as varying number of hours worked from day to day and rotating shifts that should be avoided because of the diabetes?
Can the client work: 8-hour days? 40-hour weeks?
Is there any reason to delay placing client on a job until the client's diabetes is controlled? (p. 124).

Psychological Evaluation

Psychological evaluation is an important aspect of the assessment process with every client. Most psychological information can be inferred by the counselors themselves. It is not necessary to refer all clients to a psychologist. The counselor could observe client's verbal interaction, general psychological state, and the feelings and attitude toward the disability. The counselor could also give standardized psychological tests to a client (Rubin & Roessler, 1983) or use vocational evaluation tools. It is important to keep in mind that these assessment devices are not used to measure people. They do not estimate how worthwhile a person is. They measure "characteristics, intellectual capacities, verbal skills, self-confidence," etc (Wright, 1980, p. 336). Another important aspect of using standardized psychological tests with American Indian clients is that the counselor should be very careful when choosing tests. If American Indians were not part of the norm group, results of the tests may mislead a counselor. Finally, if a client is referred to a psychologist for evaluation, as suggested earlier in the case of medical evaluation, it is better if the psychologist is provided with a list of detailed questions to design and focus the evaluation (Rubin & Roessler, 1983). Also, the psychologist referred to should be familiar with American Indian culture and experienced in treating American Indian clients.

Work Evaluation

"Work evaluation focuses on the measurement of client strengths and weaknesses regarding general employability factors (i.e., work habits) as well as on determining specific client vocational skills (i.e., work skills, abilities,

and aptitudes") (Rubin & Roessler, 1983, p. 133-134). The work evaluation process involves "direct observation of client's work habits, ability to learn particular work skills, and capacity to acquire attitudes, tolerances, and behaviors needed for effective work performance" (Wright, 1980, p. 350).

For work evaluation, actual or simulated work situations can be used. Evaluation at the actual work situation is called On-the-Job Evaluation (OJE). In the Work Samples approach, the client performs simulated portions of a job, and uses the same materials, methods of working as in the real work place. This approach helps the client to try out specific vocational skills and the results of such a tryout may indicate whether that particular type of work is appropriate for the client.

At the end of work or vocational evaluation, a counselor is expected to complete a written vocational evaluation report. According to Baker (1982) a work evaluation report should include the following:

1. Brief explanations on why the referral for the particular work evaluation was made.

2. Notable behavioral patterns in the client and how they are related to the aspects of the job.

3. Work samples administered and test results, and their vocational significance.

4. Concluding statements on the strengths and weaknesses of the client related to the job that was tried out.

5. Recommendations on feasible options, vocational or otherwise. Clear statements on whether the client needs further services, and whether those services would result in meeting the long-range vocational objectives.

Apart from the four main types of evaluations discussed earlier, the evaluation of educational, social, cultural, and family aspects of the client are also considered important in the assessment process. These evaluations are stressed more when the client is an American Indian (Martin, Frank, Minkler, & Johnson,1988).

Educational Evaluation

Educational evaluation, according to Wright (1980), should bring out the following information regarding the client's educational and training experiences:

1. Academic training; name, address of each school; highest grade completed; year client left school; types of courses; major likes; dislikes; reasons for lengthy interruptions or major changes in education.

2. Specialized or vocational training; correspondence or night courses, apprenticeship, short-term vocational courses, business college courses.

3. Educational plans and interests; client's own characterization of preferences for training and specific plans already made for training.

4. Educational achievement; grades in high school and college; other indications of performance such as class standing and results of psychological tests taken; information about how disability influenced performance in school, participation in extracurricular activities; social acceptance by peers; study habits.

5. Information from school personnel; factors influencing grades; opinions of teachers and others of client's adjustment in nonacademic terms; their opinions of the usefulness of further training (p. 450).

The vocational rehabilitation counselor looks at the past educational experiences of the client in the light of how those experiences are adaptable to the future vocational goals.

Social and Cultural Evaluation

The objective of this evaluation is to infer the client's functional status in social and cultural areas. As Wright (1980) points out, "it helps to show who the client is as a social being" (p. 451). Wright offers the following suggestions to gather information in social and cultural areas:

1. Client's expressed views on the social and cultural problems may throw light on his/her functional status in these areas and the assistance he/she may need to over come the problems.

2. Records from other human service agencies which have already provided services to the client and opinions of the personnel in these agencies may present information needed to estimate the client's functional status in the social and cultural areas.

3. In addition, a client's family members may be able to give information on his/her cultural life. Aspects of cultural life includes the client's hobbies, recreation, and religious practices.

Assessment of the Family

Assessment of the home and family relationship of the client is crucial. Data needed for this assessment can be obtained through home visits, talking to the client, members of the family, and the human service agency personnel who have already served the client. According to Wright (1980) information in the family assessment should include, names, ages, educational status and employment of family members. In addition, the counselor should also get "a sense of how the family operates and conducts its cultural life . . . as well as how others in the family may have affected the client's interests and goals" (p. 452). Information collected in this area will not only help to determine the needs of the client, but it may also help to determine whether the family needs evaluation of employment interests, health services, personal, social, and work adjustment counseling.

The Comprehensive Report on All Evaluations

Once all the evaluations are done, the counselor is required to develop a comprehensive evaluation report on the client. (Please refer to Unit 4 for Federal Regulations on documentation as a procedure in maintaining a case record). This report summarizes the client's characteristics, and areas of strength and weakness. "This summary provides information on pertinent vocational considerations for the client in terms of physical, intellectual, and emotional categories" (Rubin & Roessler, 1983, p. 143). Thus, the comprehensive report becomes a guide to both the counselor and the client

mainly in the next phase of the rehabilitation process, determining eligibility and planning.

Rehabilitation Planning

The Rehabilitation Act mandates the development of the individualized written rehabilitation plan (IWRP) with the active participation of the client. This gives a right to the client to "demand complete authority in setting self goals and tactics" (Wright, 1980, p. 336). A rehabilitation counselor is no longer an authority who dictates the client what to do. Today, the vocational rehabilitation counselor is one who plays the role of "a consultant to the client, conveying and interpreting information" (p. 336). The vocational rehabilitation counselor enables the client to understand the overall evaluation of his/her vocational potentials. The counselor also makes the client understand "the day-to-day demands, rewards, frustrations of the work world" (Rubin & Roessler, 1983, p. 155). The client is made to own responsibility for deciding what he/she wants to do. This way, the planning process becomes more meaningful. The involvement of the client improves "the precision of goals and strengthens client commitment to their achievement" (p. 155).

The IWRP should include (Rubin & Roessler, 1983):

1. A statement of long-term rehabilitation goals for the individual and intermediate rehabilitation objectives related to the attainment of such goals.
2. A statement of the specific rehabilitation services to be provided.
3. The projected date for the initiation and anticipated duration of each service.
4. A procedure for determining whether intermediate objectives and long-term goals are being achieved (p. 155).

Refer to Appendix C for:

CFR 34 361.40 "The Individualized Written Rehabilitation Program: Procedures"; and CFR 34 361. 41 "The Individualized Written Rehabilitation Program: Content"

Terms Used in the Rehabilitation Act

The following words/phrases and their definitions apply to the Federal-State Vocational Rehabilitation Service Program. All these definitions are provided in 34 CFR Ch. III (7-1-1990 Edition).

Act: The Rehabilitation Act of 1973 as amended.

American Indian: A person who is a member of an Indian tribe.

Blind or blind individual: A person who is blind within the meaning of the law relating to vocational rehabilitation in each state.

Competitive work (as used in the definition of "Supported employment"): Work that is performed on a full-time basis or on a part-time basis, averaging at least 20 hours per week for each pay period, and for which an individual is compensated in accordance with the Fair Labor Standard Act.

Construction of a rehabilitation facility:

1. The construction of new buildings, the acquisition of existing buildings, or the expansion, remodeling, alteration or renovation of existing buildings which are to be utilized for rehabilitation facility purposes; or

2. The acquisition of initial equipment of such new, newly acquired, newly expanded, newly remodeled, newly altered, or newly renovated buildings.

Designated State unit or State unit:

1. The State agency vocational rehabilitation bureau, division, or other organizational unit which is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with handicaps and which is responsible for the administration of the vocational rehabilitation program of the state agency; or

2. The independent state commission, board, or other agency which has vocational rehabilitation, or vocational and other rehabilitation as its primary function.

Eligible or Eligibility: When used in relation to an individual's qualification for vocational rehabilitation services, refers to a certification that:

1. An individual has a physical or mental disability which for that individual constitutes or results in a substantial handicap to employment, and

2. Vocational rehabilitation services may reasonably be expected to benefit the individual in terms of employability.

Employability: A determination that, with the provision of vocational rehabilitation services, the individual is likely to enter or retain, as a primary objective, full-time employment, or if appropriate, part-time employment, consistent with the capacities or abilities of the individual in the competitive labor market; the practice of a profession; self employment; homemaking, farm or family work (including work for which payment is in kind rather than in cash); sheltered employment, supported employment; or other gainful work.

Establishment of a rehabilitation facility:

1. The acquisition, expansion, remodeling, or alteration of existing buildings, necessary to adapt them or increase their effectiveness for rehabilitation facility purposes;

2. The acquisition of initial or additional equipment for these buildings essential for providing vocational rehabilitation services; or

3. The initial or additional staffing of a rehabilitation facility for a period, in the case of any individual staff person, not longer than 4 years and 3 months.

Evaluation of vocational rehabilitation potential (As appropriate in each case):

1. A preliminary diagnostic study to determine that an individual is eligible for vocational rehabilitation services;

2. A thorough diagnostic study consisting of a comprehensive evaluation of potential factors bearing on the individual's handicap to employment and vocational rehabilitation potential, in order to determine which vocational rehabilitation services may be of benefit to the individual in terms of employability;

3. Any other goods or services, including rehabilitation engineering services, necessary to determine the nature of handicap and whether it may reasonably be expected that the individual can benefit from vocational rehabilitation services in terms of employability;

4. Referral to other agencies or organizations, when appropriate; and

5. The provision of vocational rehabilitation services to an individual during an extended evaluation of rehabilitation potential for the purpose of determining whether the individual is an individual with handicaps for whom a vocational goal is feasible.

Extreme medical risk: A risk of substantially increasing functional impairment or risk of death if medical services are not provided expediously.

Family member or Member of the family: Any relative by blood or marriage of an individual with handicaps; an individual living in the same household with whom the individual with handicaps has a close interpersonal relationship.

Impartial hearing officer: An individual who:

1. is not an employee of a public agency that is involved in any decision regarding the furnishing or denial of rehabilitation services to a vocational rehabilitation applicant or client. (An individual is not an employee of a public agency solely because the individual is paid by that agency to serve as a hearing officer.);

2. has not been involved in previous decisions regarding the vocational rehabilitation applicant or client;

3. has a background and experience in, and knowledge of, the delivery of vocational rehabilitation services; and

4. has no personal or financial interest that would be in conflict with the individual's objectivity.

Indian tribe: Any Federal or State Indian tribe, band, rancheria, pueblo, colony, or community, including any Alaskan native village or regional village corporation (as defined in or established pursuant to the Alaska Native Claims Settlement Act).

Individual with handicaps: An individual who:

1. has a physical or mental disability which for that individual constitutes or results in a substantial handicap to employment; and

2. can reasonably be expected to benefit in terms of employability from the provision of vocational rehabilitation services, or for whom an extended evaluation of vocational rehabilitation potential is necessary to determine whether the individual might reasonably be expected to benefit from the provision of vocational rehabilitation services.

These definitions of "individuals with handicaps" change in the Affirmative action plan needed to be included for employment in rehabilitation facilities. Here the phrase means (please refer to 34 CFR Ch. III page 266):

An individual: (a) who has a physical or mental impairment which substantially limits one or more major life activities, (b) who has a record of such an impairment, or (c) who is regarded as having such an impairment.

Individual with severe handicaps: An individual with handicaps:

1. who has a severe physical or mental disability that seriously limits one or more functional capabilities (mobility, communication, self-care, self-

direction, inter-personal skills, work tolerance, or work skills) in terms of employability;

2. whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

3. who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of rehabilitation potential to cause comparable substantial functional limitation.

Initial expenditure (As applied to the use of reallotted funds): Obligations incurred by November 15 of the fiscal year from which funds were reallotted.

Integrated work setting: As used in the definition of "supported employment", job sites where:

1. (a) Most co-workers are not handicapped; and

1. (b) Individuals with handicaps are not part of a work group of other individuals with handicaps; or

2. (a) Most co-workers are not handicapped; and

2. (b) If a job site described in paragraph 1. (b) of this definition is not possible, individuals with handicaps are part of a small work group of not more than eight individuals with handicaps; or

3. If there are no co-workers or the only co-workers are members of a small group of not more than eight individuals, all of whom have handicaps, individuals with handicaps have regular contact with non-handicapped individuals, other than personnel providing support services, in the immediate work setting.

Local agency: An agency of a unit of general local government or of an Indian tribe (or combination of those units or tribes) that has the sole responsibility under an agreement with the State agency to conduct a vocational rehabilitation program in the locality under the supervision of the State agency in accordance with the State plan.

On-going support services (As used in the definition of "Supported employment"): Continuous or periodic job skill training services provided at least twice monthly at the work site throughout the term of employment to enable individual to perform the work. The term also includes other support services provided at or away from the work site, such as transportation, personal care services, and counseling to family members, if skill training services are also needed by, and provided to, that individual at the work site.

Physical and mental restoration services:

1. Medical or corrective surgical treatment;

2. Diagnosis and treatment for mental or emotional disorders by a physician skilled in the diagnosis and treatment of such disorders or by a psychologist licensed or certified in accordance with state laws and regulations;

3. Dentistry;

4. Nursing services;

5. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services;

6. Convalescent or nursing home care;

7. Drugs and supplies;

8. Prosthetic, orthotic, or other assistive devices including hearing aids, essential to obtaining or retaining employment;

9. Eye glasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eye

glasses, contact lenses, microscopic lenses, telescopic lenses, and other special visual aids, prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select;

10. Podiatry;

11. Physical therapy;

12. Occupational therapy;

13. Speech or hearing therapy;

14. Psychological services;

15. Therapeutic recreation;

16. Medical or medically related social work services;

17. Treatment of either acute or chronic medical complications and emergencies which are associated with or arise out of the provision of physical and mental restoration services; or which are inherent in the condition under treatment;

18. Special services for the treatment of individual suffering from end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and

19. Other medical or medically related rehabilitation services including art therapy, dance therapy, music therapy, and psychodrama.

Physical and mental disability: A physical or mental condition which materially limits or contributes to limiting or, if not corrected, will probably result in limiting an individual's employment activities or vocational functioning.

Rehabilitation engineering: The systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with handicaps in areas that include education, rehabilitation, independent living, and recreation.

Rehabilitation facility: A facility that is operated for the primary purpose of providing vocational rehabilitation services to individuals with handicaps and that provides singly or in combination one or more of the following services to individuals with handicaps:

1. Vocational rehabilitation services, including under one management, medical, psychiatric, psychological, social, and vocational services;

2. Testing, fitting, or training in the use of prosthetic and orthotic devices;

3. Prevocational conditioning of recreational therapy;

4. Physical and occupational therapy;

5. Speech and hearing therapy;

6. Psychiatric, psychological and social services;

7. Evaluation of rehabilitation potential;

8. Personal and work adjustment;

9. Vocational training with a view toward career advancement (in combination with other rehabilitation services);

10. Evaluation or control of specific disabilities;

11. Orientation and mobility services and other adjustment services to individuals who are blind;

12. Transitional or extended employment for those individuals with handicaps who cannot be readily absorbed in the competitive labor market;

13. Psychological rehabilitation services for individuals with chronic mental illness; and

14. Rehabilitation engineering services.

Reservation: A Federal or State Indian reservation, public domain Indian allotment, former Indian reservation in Oklahoma, and land held by

incorporated Native groups, regional corporations and village corporations under the provisions of the Alaska Native Claims Settlement Act.

State agency: The sole State agency designated to administer (or supervise local administration of) the State plan for vocational rehabilitation services. The term includes the state agency for the blind, if designated as the sole State agency with respect to that part of the plan relating to the vocational rehabilitation of individuals who are blind.

State plan: The State plan for vocational rehabilitation services, or the vocational service part of a consolidated rehabilitation plan.

Substantial handicap to employment: A physical or mental disability (in light of attendant medical, psychological, vocational, educational, and other related factors) that impedes an individual's occupational performance, by preventing the obtaining, retaining, or preparing for employment consistent with the individual's capacities and abilities.

Supported employment:

1. Competitive work in an integrated work setting with on-going support services for individuals with severe handicaps for whom competitive employment: (a) has not traditionally occurred; or (b) has been interrupted or intermittent as a result of severe handicaps; or

2. Transitional employment for individuals with chronic mental illness.

Transitional employment for individuals with severe mental illness as used in the definition of "Supported employment":

Competitive work in an integrated work setting for individuals with chronic mental illness who may need support services (but not necessarily job skills training services) provided either at the work site or away from the work site to perform the work. The job placement may not necessarily be a permanent employment outcome for the individual.

Workshop: A rehabilitation facility, or that part of a rehabilitation facility, engaged in production or service operation for the primary purpose of providing gainful employment as interim step in the rehabilitation process

for those who cannot be readily absorbed in the competitive labor market or during such time as employment opportunities for them in the competitive labor market do not exist.

Terms Used in Vocational Rehabilitation

The following are the most commonly used terms in vocational rehabilitation (from *Rehabilitation: An Introduction,* Bitter, 1979, pp. 9-11).

Client. One who has applied for rehabilitation services and has been determined eligible on the basis of a physical or mental disability which results in a substantial handicap to employment and for whom there is a reasonable expectation of employability if rehabilitation services are provided.

Comprehensive Rehabilitation Center. A center that offers medical, psychological, social, and vocational services to clients principally under one roof.

Developmental Disability. A severe chronic disability of a person which: (a) is attributable to a mental or physical impairment or combination of mental or physical impairments; (b) is manifested before the person is aged 22 years; (c) is likely to continue indefinitely; (d) results in substantial limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; (e) reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of life-long or extended duration and are individually planned and coordinated.

Employment. Work in the competitive labor market, the practice of a profession, self employment, homemaking, farm or family work, sheltered employment, home-bound employment, or other gainful activity.

Job Placement. The finding of employment; the goal of matching a given pattern of job knowledge and skills which a client has with the

requirements of identifiable occupations (Ninth Institute on Rehabilitation Services, 1971).

Physical and mental restoration. Services necessary to either correct or improve a physical or mental condition which is stable or slowly progressive.

Rehabilitation Counseling. A process involving a counselor and a client to help the client understand his problems and potential, and to help the client make effective use of personal and environmental resources for the best possible vocational, personal, and social adjustment.

Sheltered Workshop. A rehabilitation facility, or a part of a rehabilitation facility, which utilizes production and work experience in a controlled environment for assisting the handicapped person to progress to the competitive labor market or engage in extended employment until such time as competitive employment opportunities become available (Jaques, 1970).

Work Adjustment. A training process which involves individuals and groups in work-related activities to help them understand the meaning, value, and demands of work in general and to modify or develop their attitudes, personal characteristics, work behaviors, and functional capacities as required for achieving their optimal level of vocational development (Tenth Institute on Rehabilitation Services, 1972).

Functional Limitations

The phrase *functional limitations* is often used in rehabilitation. There are many categories of limitations which result from physical, mental, and emotional disabilities. For rehabilitation professionals, the phrase *functional limitations* should not refer only to medical conditions. It should refer to "the resulting limitation in functioning, in a life adjustment context" (Wright, 1980, p. 84). Vandergoot, Jacobson, and Worral (1979) present the following definition for functional limitations from Nagi (1977):

> Functional limitations involve the level of organization at which the limitations are manifested by the organism. One could speak of limitations of function at the levels of molecules, cells, tissues, organs, regions, systems, or the organism as a whole. Although limitations at a lower level of organization may not be reflected in higher levels, the reverse is not true. Functional limitations at the higher levels of activities of the organism as a whole such as walking, climbing, lifting, bending, reaching, reasoning, vision, learning, correspond to what is generally referred to in the literature as a handicap (p. 4).

Wright (1980, p. 85-86) lists 14 categories of functional limitations and explains each of them in the context of rehabilitation:

> **Mobility Limitation.** The function of getting from one location to another is limited. This can result from various medical disabilities (e.g., blindness, paralysis, retardation, emotional disturbance) or from environmental restrictions (e.g., architectural barriers, overprotective family). Immobility is closely associated with social isolation.
>
> **Communication Limitation.** There is a breakdown in the process by which information is exchanged between individuals through common symbols, signs, or behavior. Communicating persons engage in and exchange two roles that form the communication process: the expressive role (e.g., speech) and the receptive role (e.g., hearing).

Sensory Limitation. A sensory limitation is the result of defect(s) in the transmission of information from the environment to the mind. It usually occurs as a result of damage in the nervous system which includes the brain and the sense organs. Only the external senses (e.g., vision, hearing, feeling) are included in this category of limitation.

Dysfunctional Behavior. Emotional disorders are associated with deviance from behavior defined by culture as appropriate. Abnormalities are manifested in many ways and to various degrees. They may stem from physical disabilities or cultural disadvantages, but emotional or dysfunctional behaviors impact upon the total individual.

Atypical Appearance. Atypical appearance refers to the characteristics of an individual's physique and carriage that are inconsistent with what is considered acceptable by a culture. Deformity is an aspect of physical appearance that is outside of society's expectations. The problem is social— not mechanical—and there is a tendency for others to assume atypical behavior in those who appear different.

Invisible Limitation. These conditions that are concealed or unapparent but nonetheless limit functions create special problems. People who appear normal are expected to perform work without special considerations. Thus someone with a cardiac disability may be unable to lift, but others who have to do extra work because of this person's limitation may be resentful.

Restricted Environment. This is a barrier resulting from a disability that inhibits the choice of where a person can be comfortable and safe. The afflicted person is bound to a place or status, or limited in activity, atmosphere, or progress. This limitation includes situations in which the disabled person would risk injury, health, or well-being because of personal inadequacy in tolerance, agility, perception, or other expression of compatibility with the environment.

Mental Limitation. Retardation and learning disabilities are grouped as a functional limitation, although again the casual circumstances are quite different. Both refer to a hindrance or negative effect in the learning and

performance of activities and to other overt manifestations of inadequate mental function.

Substance Dependency. The term *substance dependency* was developed to encompass psychological dependency (mental or emotional need to take a drug for relief of tensions or discomfort or for pleasure) and/or physical dependency (occurrence of biochemical reaction or physical symptoms when the drug is discontinued).

Pain Limitation. Pain refers to an unpleasant sensation characterized by throbbing, aching, shooting or other unpleasant feelings associated with bodily injury or disorder. While pain serves as a useful warning, when it is continuing, unremitting, uncontrollable, and severe, it may constitute a severe functional limitation to normal living. Much depends upon the individual's tolerance to pain as well as secondary rewards for the suffering of pain.

Consciousness Limitation. Unconsciousness and other defects in consciousness constitute a serious functional limitation. Epilepsy is the most dramatic cause, but there are many other disability conditions that contribute to problems of attention, reality orientation, and perception or awareness.

Uncertain Prognosis. This limitation involves the stress and ambiguity of those medical conditions that have an unpredictable course or termination. Some are cyclical; some hold out hope for cure; some appear more or less serious than they actually are. All leave the person with anxiety over the uncertainty of future plans.

Debilitation or Exertional Limitation. Debilitation is a condition in which the individual is in a weakened state for an extended time period. This weakness results in diminished capacity to engage in various physical tasks. It may derive from various physical and mental impairments.

Motivity Limitation. As a functional limitation this is the inability properly to produce, direct, and/or control bodily movements as required by specific activities and situations. While related to mobility, it is a different concept. *Motivity* refers to the ability or power to move an

object or to do another task normally performed by using the musculoskeletal system, rather than denoting the movement of one's body from one place to another.

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Index

A

Act 52

Acts

- Civil Employees (1908) 3
- National Defense (1916) 4
- Randolph-Sheppard (1936) 6
- Rehabilitation Act, 1973 7
  - Amendments 8
- Smith-Fess (1920) 5
- Smith-Hughes (1917) 4
- Social Security Act (1935) 6
- Soldier's Rehabilitation Act 4
- Vocational Rehabilitation Act
  - 1943 6
  - 1954 7
  - 1965, 1967, & 1968 7

American Indian 52

Assessment

- and Planning 45
- of the Family 50

Atypical Appearance 65

B

Blind or blind individual 52

C

Case Management 22, 23

Caseload Management 23

Civil Employees Act (1908) 4

Client 62

Client Assistance Program 19

Competitive work 52

Comprehensive Rehabilitation Center ... 62

Confidentiality 38

Current Status 9

D

Designated State unit or State unit 52

Disability

- Developmental 62
- Physical and mental 58

Dysfunctional Behavior 65

E

Effective Case-finding 33

Eligible or Eligibility 53

- Determination 44

Employability 53

Employment 62

- Transitional 60

Evaluations

- Comprehensive Report 50
- Educational 49

Medical 46
Psychological 47
Social and Cultural 49
Vocational rehabilitation potential. 54
Work 47

Extreme medical risk 54

F

Family member of Member of Family 54

Federal Appropriations 12

Funding for VR Grants to Indian Tribes 15

G

Grants for Indian Tribes 13

Guide for Intake Interviews 39
Educational Skills 41
Economic 42
Psychological 40
Psychical 40
Vocational Skills 41

H

History 1
Legislative 3

I

Impartial hearing officer 54

Independent Living
Centers for 21
Comprehensive Services for 20
Services for Older Blind Individuals 21

Indian tribe 55

Individual(s)
Blind 21, 58
with handicaps 55
with severe handicaps 55
Transitional employment 60

Initial expenditure 56

Intake Interview 36, 45
Collection Guide 39
Confidentiality 38
General Goals 37
Purpose 36
Setting 37
Steps to Achieve Effective 43
Time Limit to Arrange 36

Integrated work setting 56

J

Job Placement 62

L

Limitations
Communication 64
Consciousness 66
Debilitation or Exertional 66
Functional 64
Invisible 64
Mental 64
Mobility 64
Motivity 66
Pain 66
Sensory 65

Local Agency 57

N

National Defense Act (1916).....4

O

Organization.....10
Rehabilitation Program.....10

Outreach.....33

P

Physical and mental
disability.....58
restoration.....57, 63
services.....57

R

Randolph-Sheppard Act (1936).....6
Recording and Reporting.....30
Referral Sources
Guidelines for Developing.....34

Rehabilitation Act, 1973.....7
Amendments.....8

Rehabilitation Counseling.....63

Rehabilitation engineering.....58

Rehabilitation Facility.....59
Construction of.....52
Establishment of.....53

Rehabilitation Planning.....51

Rehabilitation Process and Counselor.....16

Rehabilitation Services Administration.11
Chart.....11
Objectives.....16

Reservation.....59

Restricted Environment.....65

Role of
Federal Government.....10
Rehabilitation Counselor.....22

S

Sheltered Workshop.....63

Smith-Fess Act (1920).....5

Smith-Hughes Act (1917).....4

Social Security Act (1935).....6

Soldier's Rehabilitation Act.....4

State agency.....12, 60

State Plan.....12, 60

State Rehabilitation Agencies.....12

Status Codes.....24
00.....24
02.....25
06.....25
08.....25
10.....25
12.....25
14.....25
16.....26
18.....26
20.....26
22.....26
24.....26
26.....26
28.....26
30.....27
32.....27

Substance Dependency 66

Substantial handicap to employment 60

Support services 57

Supported Employment 60

Services 20

T

Three Areas of Service 14

Tribal VR programs 13

Typical Services 16

U

Uncertain Prognosis 66

V

Vocational Rehabilitation Act

1943 6

1954 7

1965, 1967, & 1968 7

VR Counselor's Responsibility 26

VR Flow Chart 28, 29

Vocational Rehabilitation Grants for Indian Tribes 13

Vocational Rehabilitation Program 19

W

Work Adjustment 63

Workshop 60

Appendix A

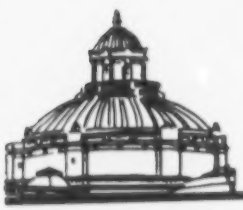
Synopsis of the Americans with Disabilities Act

87-569 EPW

CRS REPORT TO CONGRESS

VOCATIONAL REHABILITATION AND RELATED PROGRAMS FOR PERSONS WITH HANDICAPS

by
Mary F. Smith
Specialist in Social Legislation
Education and Public Welfare Division



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ABSTRACT

The Rehabilitation Act of 1973 as amended provides funds for individual services, research, training, and demonstration projects to help persons with handicaps become self-supporting and to increase the independence of such persons. This paper describes these programs and provides related program data and budget information.

CONTENTS

ABSTRACT..... 111

I. INTRODUCTION..... 1

II. TITLE I: VOCATIONAL REHABILITATION SERVICES..... 5
A. Federal-State Vocational Rehabilitation Program..... 5
1. Budget Information..... 7
B. Client Assistance Program..... 8
1. Budget Information..... 9
C. American Indian Vocational Rehabilitation Program..... 9
1. Budget Information..... 10
D. Title I Programs Not Currently Funded..... 10
1. Innovation and Expansion..... 10

III. TITLE II: RESEARCH..... 13
A. National Institute on Disability and Rehabilitation Research..... 13
1. Budget Information..... 15

IV. TITLE III: SUPPLEMENTARY SERVICES..... 17
A. Personnel Training..... 17
1. Budget Information..... 18
B. Special Projects for Persons With Severe Handicaps..... 18
1. Budget Information..... 19
C. Supported Employment Demonstration Projects..... 19
D. Transitional Planning Grants for Handicapped Youth..... 20
E. Migratory Workers..... 20
1. Budget Information..... 21
F. Special Recreation Activities..... 21
1. Budget Information..... 21
G. Title III Projects Not Currently Funded..... 22
1. Vocational Training Services for Individuals With Handicaps..... 22
2. Comprehensive Rehabilitation Centers..... 22
3. Reader Services for the Blind..... 22
4. Interpreter Services for the Deaf..... 23

V. TITLE IV: NATIONAL COUNCIL ON THE HANDICAPPED..... 25
1. Budget Information..... 26

VI. TITLE V: AFFIRMATIVE ACTION AND NONDISCRIMINATION PROVISIONS..... 27
A. Employment of Handicapped Individuals in the Federal Government..... 27
B. Architectural and Transportation Barriers Compliance Board..... 27
1. Budget Information..... 28
C. Employment Under Federal Contracts..... 28
D. Nondiscrimination Under Federal Grants and Programs..... 28

VII. TITLE VI: EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH HANDICAPS.. 29
A. Projects With Industry..... 29
1. Budget Information..... 30
B. State Allotments for Supported Employment..... 30
C. Title VI Projects Not Currently Funded..... 31
1. Community Service Employment Pilot Projects for Individuals With Handicaps..... 31
2. Business Opportunities for Individuals With With Handicaps..... 31

VIII. TITLE VII: COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING..... 33
A. State Allotments for Independent Living Services..... 33
1. Budget Information..... 34
B. Centers For Independent Living..... 34
1. Budget Information..... 35
C. Independent Living Services for Older Individuals..... 35
1. Budget Information..... 35
D. Title VII Projects Not Currently Funded..... 36
1. Protection and Advocacy of Individual Rights..... 36

IX. PROGRAM EVALUATION..... 37
1. Budget Information..... 37

X. HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS..... 39
1. Budget Information..... 39

APPENDIX A: Budget Information for Vocational Rehabilitation and Related Programs for Persons with Handicaps FY 1986-FY 1988..... 41

APPENDIX B: Appropriations History of Programs Authorized Under the Rehabilitation Act..... 44

APPENDIX C: Legislative History of the Vocational Rehabilitation Program..... 45

VOCATIONAL REHABILITATION AND RELATED PROGRAMS FOR PERSONS WITH HANDICAPS

I. INTRODUCTION

The Rehabilitation Act of 1973, P.L. 93-112 as amended, provides comprehensive vocational rehabilitation (VR) services designed to help individuals with physical and mental handicaps become employable. The major program authorized under this Act is the Federal-State VR program, which provides allotments to States for VR services to handicapped individuals. The Rehabilitation Act also authorizes research, personnel training, and special projects for potentially employable persons with severe handicaps and other special needs. For severely handicapped persons who do not have current employment potential, the Act authorizes services to promote independent living. Emphasis on services to persons with severe handicaps is specified for most of the programs. The appropriations for FY 1987 provide a total of $1.5 billion for all programs authorized under the Act, and for the Helen Keller Center. 1/ Of this total, $1.3 billion was appropriated for the Federal-State VR program.

Service and training programs authorized by the Rehabilitation Act are administered at the Federal level by the Rehabilitation Services Administration in the Department of Education (ED). The programs are implemented via grants to States and to public and private agencies. The administering agency for each

---

1/ The Helen Keller Center for Deaf-Blind Youths and Adults was authorized under the Rehabilitation Act prior to 1984, but is currently provided separate authorization. Federal budget documents include the Center within the account for rehabilitation services, and therefore information on the Center is included in this report.

funded program is identified at the Federal level and at other levels specified in the Act.

The 1986 amendments to the Rehabilitation Act, P.L. 99-506, extended authorizations of appropriations for programs under the Act through FY 1991 and made a number of changes in the programs. Among the more significant was a set-aside of Federal-State VR funding for grants to Indian tribes and newly authorized funds for supported employment.

The 1986 amendments authorized funding for supported employment under several titles of the Act. Supported employment is a new vocational initiative in which severely handicapped persons are given extra supervision and assistance to enable them to perform a job. Although some States had begun using Federal-State VR funds for preparation for supported employment and discretionary funds had been used for supported employment demonstration projects, the Act did not specifically authorize supported employment services prior to the 1986 amendments. The amendments authorized the following supported employment activities: Federal-State VR funds may be used to prepare handicapped persons for supported employment, a new discretionary program was authorized to develop supported employment demonstration projects, and a new State allotment program was established to provide training and time-limited services after employment begins. The amendments also included supported employment initiatives under the research and training authorities of the Act. 2/

This paper provides programmatic and budgetary information on provisions of the Act which received funding in FY 1985 or later. Programs authorized but not currently funded are briefly summarized. Title and section numbers

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2/ For additional information on the 1986 amendments to the Rehabilitation Act see, U.S. Library of Congress. Congressional Research Service. Rehabilitation Act Amendment of 1986: Summary of Major Provisions. Report No. 86-981 EPW, by Mary F. Smith. Washington, November 6, 1986.

used in this paper are references to the location of these provisions in the Rehabilitation Act. The appendices set forth recent authorizations and appropriations, a history of appropriations since 1960, and a legislative history of the Rehabilitation Act.

Program data presented in this paper are from officials of the Rehabilitation Services Administration and from the Justifications of Appropriations Estimates for Committee on Appropriations, Fiscal Year 1988, Department of Education.

II. TITLE I: VOCATIONAL REHABILITATION SERVICES

A. Federal-State Vocational Rehabilitation Program

Federal allotments are provided to each State to assist in meeting the rehabilitation needs of persons with physical or mental handicaps so that such persons may prepare for and engage in gainful employment to the extent of their abilities (section 110). The Federal-State VR programs are authorized to provide comprehensive services under an individualized written rehabilitation plan (section 102). The plan can include evaluation of employment potential, physical or mental restoration, vocational training, special devices required for employment, job placement, followup services, and any other services necessary to help the handicapped person become employable. If a handicapped person is not satisfied with his plan for services, or if such person is denied services, he or she can request and receive a review of the written plan by an impartial hearing officer.

VR services are intended for handicapped persons with employment potential whose physical or mental impairment presents a substantial handicap to employment. Persons with severe handicaps who have employment potential are to receive VR services on a priority basis. Severely handicapped persons without current employment potential are not considered eligible to receive VR services.

In FY 1986, 923,774 handicapped persons were served in the Federal-State VR program and 223,354 were rehabilitated. 3/ Of those rehabilitated, 60.6

3/ "Rehabilitated" means that, after receiving VR services, the handicapped individual achieved and maintained suitable employment for 60 days.

percent were severely handicapped. After receiving VR services, most clients enter competitive employment earning the statutory minimum wage or above, and others are self-employed. Some enter sheltered employment in which they earn wages below the statutory minimum wage. Others are placed as homemakers or unpaid family workers. The following table shows the percentages of persons who were rehabilitated into such placements in FY 1985:

TABLE 1. Percentages of Persons Rehabilitated into Various Job Placements in FY 1985 in the Federal-State VR Program

Competitive employment	79.8
Self-employment	2.8
Sheltered employment	6.4
Homemakers	10.3
Unpaid family workers	0.6

For FY 1987, $1.281 billion is the maximum amount authorized to be appropriated for the Federal-State VR program. The authorization of appropriations for FY 1988 through FY 1991 consists of three components: 1) a minimum amount from which States are entitled to receive an allotment, 2) such additional sums as may be necessary, and 3) a ceiling as specified in statute for each fiscal year (section 100(b)). The minimum entitlement for FY 1988 through FY 1991 is determined by increasing the previous year's authorization or appropriation, whichever is greater, by the annual percentage increase in the consumer price index. Such sums as may be necessary are also authorized, but the total appropriation is not to exceed $1.409 billion in FY 1988, $1.550 billion in FY 1989, $1.705 billion in FY 1990, and $1.876 billion in FY 1991. If legislation is not enacted by FY 1992, the Federal-State VR program is automatically authorized for 1 additional year.

Each State receives an allotment of Federal funds distributed according to a formula based on State population and per capita income, with the lower per

capita income States receiving a relatively higher allotment on a per capita basis. States receive a minimum of $3 million or one-third of 1 percent of the amount appropriated, whichever is greater. The Federal allotment is required to be matched on a 80 percent Federal--20 percent State matching basis until FY 1989 (section 7(7)). Beginning in FY 1989, the State share is to increase 1 percent each year for 5 years for funds received by the State that are in excess of the amount received by the State in FY 1988. Therefore, by FY 1993, the State share will be 25 percent and the Federal share will be 75 percent for those funds that are above the State's FY 1988 share of Federal funding. The matching ratio will remain 80 percent Federal--20 percent State for funds received by States that are equal to or less than the amount received in FY 1988.

States are required to maintain a level of expenditure for the Federal-State VR program that is equal to the average of such expenditures over the preceding 3 fiscal years (section 111). If this level of effort is not maintained, the Federal allotment to such State can be reduced by an amount equal to the reduction in this 3-year average State expenditure.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$1,117,500,000	$1,203,200,000	$1,281,000,000
Appropriation	1,100,000,000	1,145,148,000 4/	1,281,000,000 5/

4/ Reflects reductions made under the Balanced Budget and Emergency Deficit Control Act of 1985 as ratified by P.L. 99-366, (Gramm-Rudman-Hollings).

5/ $3.2 million of this amount is being made available for grants to Indian tribes.

B. Client Assistance Program

A client assistance program is required in each State as a condition of receipt of funds for the Federal-State VR program (section 112). Client assistance programs provide assistance and advice to clients, applicants and other handicapped persons regarding benefits available under the Act. The programs provide assistance in pursuing administrative, legal, or other remedies to protect the rights of handicapped persons under the Act. The client assistance program must be administered by an agency that is independent of any agency that provides services to persons served under the Act, unless the program was administered within a service agency prior to 1984. The Governor may not redesignate the agency administering the program without good cause and without providing an opportunity for public comment regarding the proposed redesignation.

State allotments for client assistance programs are determined on the basis of relative State population, except the minimum State allotment is $50,000 for each fiscal year that appropriations are $7.5 million or less. When the total appropriation exceeds $7.5 million, the minimum State allotment is to increase to $75,000. Unless prohibited by State law, the allotment for the client assistance program is to be paid directly to the agency designated to administer the program.

In FY 1985, the client assitance programs served almost 29,000 clients, most of whom were current or former applicants of the Federal-State VR program.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$6,300,000	$6,700,000	$7,100,000
Appropriation	6,300,000	6,412,000 6/	7,100,000

C. American Indian Vocational Rehabilitation Program

Prior to the 1986 amendments, the Rehabilitation Act authorized discretionary funds for grants to American Indians that were in addition to the funds authorized for the Federal-State VR program. The amendments discontinued the discretionary funds for Indian tribes and authorized a provision that assures minimum funding for Indian grants. Under the new provision, not less than one-quarter of 1 percent, but not more than 1 percent, of the funds appropriated for the Federal-State VR program must be reserved for grants to Indians tribes for the provision of VR services by such tribal organizations (section 110(d)). The Secretary of ED determines the specific amounts to be reserved within the statutory limits. The grants to Indian tribes are to be supplementary to Federal-State VR services, and State VR agencies are to continue to provide services to American Indians residing on reservations receiving the Indian VR grants.

Under the Indian grants, tribes are authorized to provide comprehensive VR services comparable to those delivered by the Federal-State VR programs, including evaluation and counseling, physical and mental restoration, job training, and job placement (section 130). In addition, the amendments authorized the provision of "services traditionally used by Indian tribes," including healing services and methods that are part of traditional practice.

6/ Reflects reductions made under Gramm-Rudman-Hollings.

In FY 1986, grants were awarded to the Navajo tribe, the Chippewa Cree Rocky Boy tribe in Montana, and the Shoshone Bannock tribe in Idaho. Approximately 1,050 handicapped Indians were served. These grants are awarded from the Rehabilitation Services Administration directly to Indian tribal organizations. For FY 1987, $3.2 million is available for grants to Indian tribes. 7/

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorizations	8/	8/	9/
Appropriations	$ 715,000	$1,340,000 10/	$3,202,500 11/

D. Title I Programs Not Currently Funded

1. Innovation and Expansion Grants

State allotments are authorized to assist in initiating special programs to expand VR services to individuals with the most severe handicaps or to classes of handicapped persons who have unusual and difficult problems with their

---

7/ For additional information see, U.S. Library of Congress. Congressional Research Service. Vocational Rehabilitation Grants for Indian Tribes. Report No. 87-199 EPW, by Mary F. Smith. Washington, February 19, 1987.

8/ Such sums as may be necessary but not more than an amount equal to 1 percent of the amount appropriated for the Federal-State grant program.

9/ Indian tribes are entitled to not less than one-quarter of 1 percent, nor more than 1 percent, of the amount appropriated for the Federal-State VR program.

10/ Reflects reductions made under Gramm-Rudman-Hollings.

11/ These funds are not appropriated separately, but are one-quarter of 1 percent of the FY 1987 appropriation for the Federal-State VR program.

rehabilitation (section 121). These programs are also to advance the use of technological innovations in meeting the employment and training needs of handicapped youths and adults. This program was last funded in FY 1980.

III. TITLE II: RESEARCH

A. National Institute on Disability and Rehabilitation Research 12/

The National Institute on Disability and Rehabilitation Research administers the research program authorized under the Act and promotes research with respect to individuals with handicaps (section 202). The Institute disseminates information acquired through research funded by the Institute and coordinates, through an interagency committee, all Federal programs and policies relating to research in rehabilitation.

The rehabilitation research program administered by the Institute is composed of the research projects described below (section 204):

--Rehabilitation research and training centers conduct research on vocational rehabilitation, brain trauma, mental retardation, mental illness, spinal cord injuries, independent living, supported employment, musculoskeletal disorders, visual impairments, hearing impairments, independent living, and other problems of persons with handicaps.

--Rehabilitation engineering centers are designed to expand the development of technological systems to aid persons with handicaps, to stimulate production and distribution of such equipment in the private sector, and to train professionals in rehabilitation engineering. Each center has a programmatic focus such as functional electrical stimulation, transportation, wheelchairs, mobility disorders, sensory aids, or vocational rehabilitation.

--Research and demonstration projects are focused on short-term research problems related to the development of methods, procedures, and devices to assist in the provision of vocational rehabilitation services to severely handicapped persons.

12/ Prior to the 1986 amendments, this agency was named the National Institute of Handicapped Research.

--Field-initiated research projects respond to research needs that are not included in the Institute's announced priorities, and thereby help broaden the scope of the research effort.

--Utilization and dissemination projects facilitate access to information to help assure that knowledge generated from rehabilitation research is available and can be utilized to improve services to persons with disabilities.

--Innovative grants are used to test new concepts, purchase technological devices so they can be evaluated, and develop specialized rehabilitation training curricula.

--Career development grants are designed to help increase the number of highly qualified reseachers in the rehabilitation field by supporting individual research activities in the Institute's priority research areas.

During FY 1986, funds were distributed among these projects as follows:

	No. of Projects	Funding $ in millions	Percent of funds
Research and training centers	36	$18.8	44.6
Rehabilitation engineering centers	18	8.1	19.2
Research and demonstration projects	21	4.4	10.5
Utilization and dissemination projects	7	2.7	6.4
Field-initiated research	69	6.0	14.3
Innovative grants	28	1.4	3.3
Career development grants	6	0.5	1.2
Miscellaneous administrative expenses	0	0.2	0.5
Total	185	42.1	100.0

The National Institute on Disability and Rehabilitation Research is administered by ED, but is not part of the Rehabilitation Services Administration. The Institute enters into grants and contracts with States and public and private agencies (including institutions of higher education) to carry out the research programs.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$40,000,000	$44,000,000	$49,000,000
Appropriation	39,000,000	42,108,000 13/	48,500,000

13/ Reflects reductions made under Gramm-Rudman-Hollings.

IV. TITLE III: SUPPLEMENTARY SERVICES

A. Personnel Training

Funds are authorized to pay part of the cost of training to increase the numbers of personnel available to provide vocational, medical, social, psychological, and other rehabilitation services to persons with handicaps (section 304). Training includes the development of personnel to provide employment assistance, including job development and job placement services. Training is also to focus on the preparation of personnel to deliver supported employment services and other employment assistance for persons with severe handicaps. Persons with handicaps are to be given consideration as possible recipients of these training funds to prepare such persons to deliver rehabilitation services.

Training grants are made for four types of training. In FY 1986, training funds were distributed as follows: long-term training at the college or university level, 74 percent; continuing education programs, 12 percent; in-service training for personnel of State VR agencies, 11 percent; and training of interpreters for deaf persons, 3 percent.

The 1986 amendments require that an individual receiving a scholarship under this program work full-time in a State VR agency or a nonprofit rehabilitation or related agency for 2 years for each year for which assistance was received. This must be accomplished within a 10-year period after completing the training or the individual may be required to repay the scholarship.

The Rehabilitation Services Administration awards grants and contracts to States and public or nonprofit agencies, including institutions of higher education, to carry out the personnel training program.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$27,000,000	$31,000,000	$31,000,000
Appropriation	22,000,000	25,838,000 14/	29,550,000

B. Special Projects for Persons With Severe Handicaps

Discretionary projects support special programs and demonstrations which hold promise of expanding and improving rehabilitation services to persons with handicaps, especially those with the most severe handicaps including spinal cord injury, blindness, or deafness (section 311(a) and (b)). These projects apply new patterns of services or new devices for persons with severe handicaps and include services leading to opportunities for new careers for such persons. Some of the projects are to focus on the special needs of isolated populations of persons with handicaps, including American Indians.

In FY 1986, this program supported a network of: 13 spinal cord injury centers; 38 supported employment projects; 23 projects addressing problems such as learning disabilities, traumatic head injury, and neuro-muscular disabilities; and 21 projects focused on discrete disabilities such as mental retardation, mental illness, blindness, cerebral palsy, multiple sclerosis, deafness, and multiple disabilities.

14/ Ibid.

The Rehabilitation Services Administration awards grants for these projects to State VR agencies and public or nonprofit agencies.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$13,600,000	$14,300,000	$15,860,000
Appropriation	14,635,000	27,945,000 15/	15,860,000

C. Supported Employment Demonstration Projects

The 1986 amendments to the Rehabilitation Act established specific authorization of appropriations for supported employment demonstration projects (section 311(d)). These projects provide on-going employment support as well as job preparation. At least one of the projects is required to be nationwide in scope and is to: 1) identify community-based models that can be replicated, 2) identify impediments to the development of supported employment programs, and 3) explore the use of existing rehabilitation facilities as well as other community-based programs as providers of the needed on-going support services.

The Rehabilitation Services Administration awards grants for these projects to public and nonprofit rehabilitation facilities, Federal-State VR agencies and other public and private agencies and organizations. For FY 1987, $9 million was authorized and appropriated.

15/ Ibid.

D. Transitional Planning Grants for Handicapped Youth

The 1986 amendments to the Rehabilitation Act established specific authorization of appropriations for model statewide transitional planning services for severely handicapped youth (section 311(e)). This program is designed to assist handicapped youth in the transition from secondary school to vocational rehabilitation, employment, or other appropriate post-secondary endeavors.

The amendments state that one such grant is to be made to a public agency in a predominatly urban New England State, a second is to be made to a public agency in a predominantly rural western State, and a third grant is to be made to a public agency or nonprofit agency in a predominantly rural southwestern State. For FY 1987, $450,000 was authorized and appropriated.

E. Migratory Workers

Grants pay part of the cost of projects or demonstrations for the provision of VR services for handicapped individuals who are migratory agricultural workers or seasonal farm workers (section 312). Maintenance and transportation expenses may also be paid to members of the handicapped individual's family where necessary for the rehabilitation of the handicapped individual.

In FY 1986, 9 projects were funded to serve an estimated 3,000 disabled migrants workers. The Rehabilitation Services Administration awards grants to State VR agencies or any local agency participating in the administration of the State VR program.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization 16/			
Appropriation	$950,000	$957,000 17/	$1,058,000

F. Special Recreation Activities

Funds are authorized to initiate recreation programs for individuals with handicaps to aid in the mobility, socialization, independence, and community integration of such individuals (section 316). Recreational activities may include, but are not limited to, physical education and sports, scouting and camping, 4-H activities, music, dancing, handicrafts, arts, and homemaking. Whenever possible, these programs are to be provided in settings with nonhandicapped peers.

In FY 1986, 29 projects were funded to serve an estimated 29,000 persons. The Rehabilitation Services Administration awards grants to States, public agencies, and nonprofit private organizations.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$2,100,000	$2,200,000	$2,330,000
Appropriation	2,100,000	2,105,000 18/	2,330,000

16/ Included in section 310(a), the provision which also authorizes funds for special projects for the severely handicapped.

17/ Reflects reductions made under Gramm-Rudman-Hollings.

18/ Ibid.

G. Title III Service Projects Not Currently Funded

1. Vocational Training Services for Individuals With Handicaps

Funds are authorized for projects providing vocational training services to handicapped individuals, especially those with the most severe handicaps (section 302). Services may include training in occupational skills, training toward career advancement, work testing and evaluation, and the provision of tools and equipment. This program was last funded in FY 1979.

2. Comprehensive Rehabilitation Centers

Comprehensive rehabilitation centers are authorized to provide a focal point in communities for the development and delivery of services designed primarily for persons with handicaps (section 305). Such centers are authorized to provide a broad range of services to handicapped individuals, including information and referral services, counseling, job placement, health, educational, social and recreational services. This program was last funded in FY 1981.

3. Reader Services for the Blind

Funds are authorized to make grants to provide reading services for blind persons and to expand the quality and scope of reading services to assist blind persons in education and employment pursuits. This program has never been funded.

4. Interpreter Services for the Deaf

Funds are authorized to make grants to establish in each State a program of interpreter services for deaf individuals and for any public or private nonprofit agency involved in the delivery of assistance or services to deaf persons (section 314). This program has never been funded.

V. TITLE IV: NATIONAL COUNCIL ON THE HANDICAPPED

The National Council on the Handicapped is responsible for the establishment of general policies for, and review of operations of, the National Institute on Disability and Rehabilitation Research. The Council is appointed by the President with the advice and consent of the Senate. The Council consists of 15 members representing handicapped individuals, national organizations concerned with persons with handicaps, providers and administrators of services, and individuals engaged in research related to handicapped individuals. The Council is to provide advice to the Congress and the President on the development of programs under the Rehabilitation Act and to review and evaluate on a continuing basis all policies and programs for handicapped individuals conducted or assisted by the Federal Government. The Council is also to assess the extent to which Federal policies and programs: 1) provide incentives or disincentives to the establishment of community-based services for handicapped persons, 2) promote the full integration of such individuals in the community, in school and in the workplace, and 3) contribute to the independence and dignity of persons with handicaps.

The National Council on the Handicapped is established as an independent agency within the Federal Government.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	s.s. 19/	s.s.	s.s.
Appropriation	$750,000	$732,000 20/	$850,000

19/ Such sums as may be necessary.

20/ Reflects reductions made under Gramm-Rudman-Hollings.

VI. TITLE V: AFFIRMATIVE ACTION AND NONDISCRIMINATION PROVISIONS

A. Employment of Handicapped Individuals in the Federal Government

The Rehabilitation Act authorizes an Interagency Committee on Handicapped Individuals to review the adequacy of hiring, placement, and advancement practices with respect to handicaped individuals by each department and agency in the executive branch of the Federal Government (section 501). This committee is to insure that the special needs of handicapped individuals are being met and to consult with the Equal Employment Opportunity Commission to assist in the development of affirmative action plans, policies, and procedures to promote hiring of handicapped individuals. There is no authorization of appropriations for this provision.

B. Architectural and Transportation Barriers Compliance Board

The function of the Architectural and Transportation Barriers Compliance Board is to insure compliance with Federal statutes requiring accessibility for persons with handicaps. (section 502). The Board consists of 12 members of the general public appointed by the President (6 of whom are to be individuals with handicaps) and representatives of 11 Federal agencies. The Board is established as an independent agency within the Federal Government.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$3,000,000	$3,000,000	$3,000,000
Appropriation	2,000,000	1,890,000 21/	1,890,000

C. Employment Under Federal Contracts

The Rehabilitation Act requires every employer doing business with the Federal Government under a contract for more than $2,500 to take affirmative action to employ and advance in employment qualified persons with handicaps (section 503). Any individual with handicaps who believes any Federal contractor has failed or refused to comply with this affirmative action requirement may file a complaint with the Department of Labor. There is no authorization of appropriations for this provision.

D. Nondiscrimination Under Federal Grants and Programs

Section 504 of the Rehabilitation Act requires that no otherwise qualified individual with handicaps shall, solely by reason of his or her handicap, be excluded from participation in or be subject to discrimination under any program or activity receiving Federal funds. This provision also applies to any program or activity conducted by any Executive agency or by the United States Postal Service. There is no authorization of appropriations for this provision. 22/

21/ Ibid.

22/ For additional information see, U.S. Library of Congress. Congressional Research Service. Section 504 of the Rehabilitation Act: Statutory Provisions, Legislative History, and Status of Regulations. Report No. 83-207 EPW, by Mary F. Smith. Washington, November 15, 1983.

VII. TITLE VI: EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH HANDICAPS

A. Projects with Industry

Funds are authorized to enter into agreements with individual employers and other entities to establish jointly funded training and job placement projects in the private sector (section 621). The purpose of this program is to promote opportunities for competitive employment and to engage the leadership of private industry as part of the rehabilitation process. These projects provide handicapped persons training in a realistic work setting, provide any supportive services that may be required to permit such persons to continue in the employment for which they have received training, and develop new job options for handicapped persons. By October 21, 1987, each project with industry is to include a business advisory council to identify job availability, specify the skills necessary to fill the jobs, and prescribe the training needed to develop such skills.

During FY 1986, 98 projects with industry provided services to approximately 14,500 disabled individuals, most of whom were severely disabled. An estimated 12,100 of these persons will be placed in competitive emloyment at salaries comparable to salaries paid nonhandicapped persons. Over 3,500 businesses, corporations, unions, and associations participated in this program in FY 1986.

The Rehabilitation Services Administration enters into agreements with employers, State VR agencies, and other entities including private sector for-profit organizations to carry out the projects with industry program.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$14,400,000	$15,200,000	$16,070,000
Appropriation	14,400,000	14,547,000 23/	16,070,000

B. State Allotments for Supported Employment

The 1986 amendments to the Rehabilitation Act established a State allotment program to assist States in developing collaborative programs with public agencies and nonprofit organizations for "training and traditionally time-limited post-employment services" leading to supported employment (title VI, part C). These funds may be used for evaluation of rehabilitation potential, provision of job trainers, identification and development of appropriate jobs, follow-up services, and other services required to help establish the individual in a supported employment position. On-going supported employment services are to be provided through other sources, and are not to be funded under this program.

State allotments under this program are determined on the basis of relative State population, except that the minimum State grant is $250,000 or one-third of 1 percent of the amount appropriated, whichever is greater. The Federal-State VR agency is the agency designated to carry out this program. For FY 1987, $25 million was authorized and $24.19 million was appropriated.

The 1986 amendments require that the State plan for use of the Federal-State VR funds include an acceptable plan for use of the part C allotment for supported employment services. That is, a State may not receive its allotment for the Federal-State VR program unless the plan for the State VR services

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23/ Reflects reductions made under Gramm-Rudman-Hollings.

includes a plan for the use of the part C allotment for supported employment services. A plan for part C supported employment services is not required if less than $5 million is appropriated for part C services.

C. Title VI Projects Not Currently Funded

1. Community Service Employment Pilot Programs for Individuals with Handicaps

Community service employment programs are authorized to promote useful opportunities in community service activities for handicapped individuals who have poor employment prospects (title VI, part A). Projects are to be designed to provide employment for handicapped individuals who reside in the community in which the project is operated. Such projects are to result in increased employment opportunities and are not to result in displacement of already employed workers. The Department of Labor is to administer this program. This program has never been funded.

2. Business Opportunities for Individuals With Handicaps

Handicapped individuals are authorized to receive grants and contracts to enable them to establish and operate commercial or other enterprises to develop or market their products or services (section 622). This program has never been funded.

VIII. TITLE VII: COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING

A. State Allotments for Independent Living Services

State allotments are authorized to provide independent living services to meet the needs of individuals whose disabilities are so severe that they do not presently have the potential for employment (title VII, part A). Such persons need only be able to benefit from services which will enable them to live and function more independently in the family or community. The services authorized include any service authorized under the Federal-State VR program as well as any other services that promote independent living or help the individual to secure and maintain employment. Services can include counseling, housing incidental to service delivery, transportation, attendant care, protheses and other appliances and devices, health maintenance, recreational services, and services for preschool children. Services are delivered under an approved State plan.

Allotments are made to States on the basis of relative population, except that the minimum State allotment is $200,000 or one-third of 1 percent of the amount appropriated, whichever is greater. States are required to match these funds on a 90 percent Federal--10 percent State matching basis.

Each State receiving assistance under this program is required to have an independent living council to provide guidance for the development and expansion of independent living programs on a statewide basis. The majority of the membership of the council is to be composed of handicapped individuals and parents or guardians of handicapped individuals.

The Rehabilitation Services Administration awards allotments to State VR agencies to carry out this program.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	s.s.	s.s.	$11,830,000
Appropriation	$5,000,000	$10,527,000 24/	11,830,000

B. Centers for Independent Living

Discretionary grants for independent living centers help provide a broad range of independent living services including advocacy with respect to legal and economic rights (title VII, part B). These centers also undertake community activities such as the development of surveys and directories to identify accessible housing, transportation, and other support services. As of October 21, 1987, each center is required to have a board composed of a majority of handicapped individuals.

In FY 1986, funds were provided to 125 centers, some of which focused services on specific populations: 22 centers emphasized services for blind and vis visually impaired persons, 5 focused on services to deaf-blind persons, 10 served persons with mental retardation, and 3 focused on the needs of persons with cerebral palsy.

The Rehabilitation Services Administration awards these grants to State VR agencies unless such agencies have not submitted an application for funding within three months of the date such applications may be submitted. After this

24/ Ibid.

3-month period, funds may be awarded to public agencies or private non-profit organizations within the State.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$22,000,000	$23,000,000	$24,320,000
Appropriation	22,000,000	22,011,000 25/	24,320,000

C. Independent Living Services for Older Blind Individuals

Funds are authorized to provide independent living services to older blind persons to help such persons adjust to blindness by becoming more able to care for their individual needs (title VII, part C). Services include outreach, visual screening, therapeutic treatment for disabling eye conditions, mobility training, Braille instruction, and guide and reader services.

In FY 1986, 24 grants were awarded for services to older blind persons. The Rehabilitation Services Administration awards grants to State VR agencies to carry out this program.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	s.s.	s.s.	$5,290,000
Appropriation	0	$4,785,000 26/	5,290,000

25/ Ibid.

26/ Ibid.

D. Title VII Projects Not Currently Funded

1. Protection and Advocacy of Individual Rights

Protection and advocacy systems are authorized to protect the rights of severely handicapped individuals (title VII, part D). Such a system is to have the authority to pursue legal, administrative, and other remedies to insure the protection of rights of persons receiving services under independent living programs in the State. This program has never been funded.

IX. PROGRAM EVALUATION

Funds are authorized to evaluate the impact of all programs authorized under the Rehabilitation Act (section 14). Evaluations are to include general effectiveness in achieving stated goals, effectiveness in relation to program cost, impact on related programs, and the structure and mechanism for delivery of service. Evaluations are to be conducted by persons not immediately involved in the administration of the program or project evaluated.

The Commissioner of the Rehabilitation Services Administration is responsible for the evaluation of programs authorized under the Rehabilitation Act.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	s.s.	s.s.	s.s.
Appropriation	$2,000,000	$1,923,000 27/	$2,110,000

27/ Ibid.

X. HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS

The Helen Keller Center provides specialized, intensive services needed to rehabilitate handicapped individuals who are both blind and deaf. The program also provides training for professional and allied personnel needed to staff facilities specifically designed to provide such services. In addition, the Center conducts research regarding problems of rehabilitating deaf-blind individuals. The Center consists of a national headquarters with a residential training facility and 10 regional offices. The Center helps support, or is affiliated with, a network of 27 public and private agencies that also serve deaf-blind persons.

This program is authorized under the Helen Keller National Center Act and is placed in ED. The program is administered by the Rehabilitation Services Administration.

1. Budget Information

	FY 1985	FY 1986	FY 1987
Authorization	$4,200,000	$4,300,000	s.s.
Appropriation	4,200,000	4,115,000 28/	$4,600,000

28/ Ibid.

APPENDIX A: BUDGET INFORMATION FOR VOCATIONAL REHABILITATION AND RELATED PROGRAMS FOR PERSONS WITH HANDICAPS
FY 1986-FY 1988
(in millions of $)

Programs under Rehabilitation Act of 1973 as Amended	Funding authorization section no.	Basic authority section no.	FY 1986		FY 1987		FY 1988	
			Authorization	Appropriation (Post-sequestration level)	Authorization	Appropriation	Authorization	Administration request
TITLE I								
o Federal-State VR Program	100(b)(1)	100(a)	$1,203.2	$1,145.148	$1,281.0	$1,281.0 a/	$1,409.1	$1,228.142 a/
o Client Assistance Program	112(a)	112(a)	6.7	6.412	7.1	7.1	7.55	7.1
TITLE II								
o National Institute on Disability and Rehabilitation Research	201(a)	202	44.0	42.108	49.0	48.5	52.0	48.5
TITLE III								
o Personnel training	304(d)	304	31.0	25.838	31.0	29.55	33.0	25.838
o Special Projects for Persons with Severe Handicaps	310(a)	311(a-c)	14.3	27.945 b/	15.86	15.86	16.79	17.95
o Supported Employment Demonstration Projects c/	311(d)	311(d)	0	0	9.0	9.0	9.52	9.0
o Transitional Planning Grants for Handicapped Youth c/	311(e)	311(e)	0	0	0.45	0.45	0.476	0.45
o Migratory workers	310(b)	312	ss	0.957	ss	1.058	ss	1.058
o Special recreation activities	310	316	2.2	2.105	2.33	2.33	2.47	0

See footnotes at end of table.

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Programs under Rehabilitation Act of 1973 as Amended	Funding authorization section no.	Basic authority section no.	FY 1986		FY 1987		FY 1988	
			Authorization	Appropriation (Post-sequestration level)	Authorization	Appropriation	Authorization	Administration request
TITLE III (cont.)								
o Service grants to Indian tribes	100(b)(3)	130	ss	1.34	0	1.5 d/	0	0
TITLE IV								
o National Council on the Handicapped	400	405	ss	0.732	ss	0.85	ss	0.932
TITLE V								
o Architectural and Transportation Barriers Compliance Board	502(1)	502(a)	3.0	1.89	ss	1.89	ss	2.04
o Projects with Industry	623	621	15.2	14.547	16.07	16.07	17.01	16.07
o State Allotments for Supported Employment c/	638	633	0	0	25.0	24.19	26.47	0
TITLE VII								
o State Allotments for Independent Living Services	741(a)	701	ss	10.527	11.83	11.83	12.31	11.83
o Centers for independent living	741(b)	711	23.0	22.011	24.32	24.32	25.75	24.32
o Independent living services for older blind individuals	741(c)	721	ss	4.785	5.29	5.29	5.6	5.29

See footnotes at end of table.

Programs under Rehabilitation Act of 1973 as Amended	Funding authorization section no.	Basic authority section no.	FY 1986 Authorization	FY 1986 Appropriation (Post-sequestration level)	FY 1987 Authorization	FY 1987 Appropriation	FY 1988 Authorization	FY 1988 Administration request
PROGRAM EVALUATION	14	14	ss	1.923	ss	2.11	ss	0.975
HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTH AND ADULTS			4.3	4.115	ss	4.6	ss	4.6
TOTAL			1,346.9 +ss	1,312.383	1,478.25 +ss	1,487.498	1,618.046 +ss	1,404.095

a/ The 1986 amendments to the Rehabilitation Act provide that not less than one-quarter of one percent, nor more than one percent, of the amount appropriated for the Federal-State VR program is to be made available for grants to Indian tribes. For FY 1987, $3.2 million is being made available for grants to Indian tribes. Based on the amount requested for the Federal-State VR program for FY 1988, the minimum set-aside for grants to Indian tribes would be $3.07 million

b/ Of this amount, $8.613 million was for supported employment demonstration programs.

c/ These programs were authorized under the amendments to the Rehabilitation Act.

d/ Authorization for this appropriation was discontinued by the 1986 amendments to the Rehabilitation Act.

NOTE: ss = Such sums as may be necessary.

APPENDIX B: APPROPRIATIONS HISTORY OF PROGRAMS AUTHORIZED UNDER THE REHABILITATION ACT

Fiscal year	Total appropriation for programs authorized under the Rehabilitation Act	Federal-State VR program appropriation
1962	$ 64,450,000	$ 62,950,000
1963	72,940,000	71,240,000
1964	99,172,000	85,700,000
1965	123,744,000	97,100,000
1966	205,505,000	160,500,000
1967	295,335,000	236,000,000
1968	338,648,000	287,000,000
1969	401,546,000	345,000,000
1970	501,783,000	435,000,000
1971	598,035,000	502,000,000
1972	677,757,000	559,000,000
1973	692,982,000	589,000,000
1974	713,268,000	630,000,000
1975	761,620,000	680,000,000
1976	803,474,000	720,309,000
1977	837,409,000	740,309,000
1978	870,200,000	760,472,000
1979	926,212,000	817,484,000
1980	932,620,000	817,484,000
1981	956,549,000	854,259,000
1982	954,071,000	863,040,000
1983	1,047,367,000	943,900,000
1984	1,157,200,000	1,037,800,000
1985	1,236,050,000	1,100,000,000
1986 a/	1,312,383,000	1,145,148,000
1987	1,487,498,000	1,281,000,000

a/ Numbers reflect reductions made under Gramm-Rudman-Hollings.

Source: Rehabilitation Services Administration, Division of the Administration and Budget, and congressional budget documents.

APPENDIX C: LEGISLATIVE HISTORY OF THE VOCATIONAL REHABILITATION PROGRAM

The National Civilian Vocational Rehabilitation Act (P.L. 66-236, 41 Stat. 735) also known as the Smith Fess Act--the Nation's first nonmilitary vocational rehabilitation legislation--became law on June 2, 1921. Minor amendments were enacted in 1924 (43 Stat. 431); 1930 (46 Stat. 524); and 1932 (47 Stat. 488).

Major revisions were adopted in 1943 (P.L. 78-113, 57 Stat. 374), and in 1954 (P.L. 83-565, 68 Stat. 652), when the Act became known as the Vocational Rehabilitation Act. Further amendments were adopted in 1956 (P.L. 84-937, 70 Stat. 956); in 1957 (P.L. 85-198, 71 Stat. 473, and P.L. 85-213, 71 Stat. 488); in 1959 (P.L. 86-70, 73 Stat. 147); in 1960 (P.L. 86-624, 74 Stat. 416); in 1965 (P.L. 89-333, 79 Stat. 1282); in 1967 (P.L. 90-99, 81 Stat. 250); in 1968 (P.L. 90-391, 82 Stat 298); and in 1970 (P.L. 91-610, 84 Stat. 1817).

Major revisions were made in 1973 (P.L. 93-112, 87 Stat. 355) and amendments were added in 1974 (P.L. 93-516, 88 Stat. 617); the Rehabilitation Act was extended for 2 years in 1976 (P.L. 94-230, 90 Stat. 211).

Recent amendments include the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978 (P.L. 95-602, 92 Stat. 2955), the Rehabilitation Amendments of 1984 (P.L. 98-221, 98 Stat. 17) and the Rehabilitation Act Amendments of 1986 (P.L. 99-506, 100 Stat. 1807).

The Americans with Disabilities Act

The Americans with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services, and telecommunications.

I. Employment

► Employers with 15 or more employees may not discriminate against qualified individuals with disabilities. For the first two years after July 26, 1992, the date when the employment provisions of the ADA go into effect, only employers with 25 or more employees are covered.

► Employers must reasonably accommodate the disabilities of qualified applicants or employees, unless an undue hardship would result.

► Employers may reject applicants or fire employees who pose a direct threat to the health or safety of other individuals in the workplace.

► Applicants and employees are not protected from personnel actions based on their current illegal use of drugs. Drug testing is not affected.

► Employers may not discriminate against a qualified applicant or employee because of the known disability of an individual with whom the applicant or employee is known to have a relationship or association.

► Religious organizations may give preference in employment to their own members and may require applicants and employees to conform to their religious tenets.

► Complaints may be filed with the Equal Employment Opportunity Commission. Available remedies include back pay and court orders to stop discrimination.

II. Public Accommodations

► Public accommodations such as restaurants, hotels, theaters, doctors' offices, pharmacies, retail stores, museums, libraries, parks, private schools, and day care centers, may not discriminate on the basis of disability, effective January 26, 1992. Private clubs and religious organizations are exempt.

► Reasonable changes in policies, practices, and procedures must be made to avoid discrimination.

► Auxiliary aids and services must be provided to individuals with vision or hearing impairments or other individuals with disabilities so that they can have an equal opportunity to participate or benefit, unless an undue burden would result.

► Physical barriers in existing facilities must be removed if removal is readily achievable (i.e., easily accomplishable and able to be carried out without much difficulty or expense). If not, alternative methods of providing the services must be offered, if those methods are readily achievable.

► All new construction in public accommodations, as well as in "commercial facilities" such as office buildings, must be accessible. Elevators are generally not required in buildings under three stories or with fewer than 3,000 square feet per floor, unless the building is a shopping center, mall, or a professional office of a health care provider.

► Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered area (and the bathrooms, telephones, and drinking fountains serving that area) must be provided to the extent that the added accessibility costs are not disproportionate to the overall cost of the alterations. Elevators are required as described above.

► Entities such as hotels that also offer transportation generally must provide equivalent transportation service to individuals with disabilities. New fixed-route vehicles ordered on or after August 26, 1990, and capable of carrying more than 16 passengers, must be accessible.

► Public accommodations may not discriminate against an individual or entity because of the known disability of an individual with whom the individual or entity is known to have a relationship or association.

➤ Individuals may bring private lawsuits to obtain court orders to stop discrimination, but money damages cannot be awarded.

➤ Individuals can also file complaints with the Attorney General who may file lawsuits to stop discrimination and obtain money damages and penalties.

III. Transportation

Public bus systems

➤ New buses ordered on or after August 26, 1990, must be accessible to individuals with disabilities.

➤ Transit authorities must provide comparable paratransit or other special transportation services to individuals with disabilities who cannot use fixed route bus services, unless an undue burden would result.

➤ New bus stations must be accessible. Alterations to existing stations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered area (and the bathrooms, telephones, and drinking fountains serving that area) must be provided to the extent that the added accessibility costs are not disproportionate to the overall cost of the alterations.

➤ Individuals may file complaints with the Department of Transportation or bring private lawsuits.

Public rail systems

➤ New rail vehicles ordered on or after August 26, 1990, must be accessible.

➤ Existing rail systems must have one accessible car per train by July 26, 1995.

➤ New rail stations must be accessible. As with new bus stations, alterations to existing rail stations must be made in an accessible manner.

➤ Existing "key stations" in rapid rail, commuter rail, and light rail systems must be made accessible by July 26, 1993, unless an extension of up to 20 years is granted (30 years, in some cases, for rapid and light rail).

➤ Existing intercity rail stations (Amtrak) must be made accessible by July 26, 2010.

➤ Individuals may file complaints with the Department of Transportation or bring private lawsuits.

Privately operated bus and van companies

➤ New over-the-road buses ordered on or after July 26, 1996 (July 26, 1997, for small companies), must be accessible. After completion of a study, the President may extend the deadline by one year, if appropriate.

➤ Other new vehicles, such as vans, must be accessible, unless the transportation company provides service to individuals with disabilities that is equivalent to that operated for the general public.

➤ Other private transportation operations, including station facilities, must meet the requirements for public accommodations.

➤ Individuals may file complaints with the Attorney General or bring private lawsuits under the public accommodations procedures.

IV. State and local government operations

➤ State or local governments may not discriminate against qualified individuals with disabilities. All government facilities, services, and communications must be accessible consistent with the requirements of section 504 of the Rehabilitation Act of 1973.

➤ Individuals may file complaints with Federal agencies to be designated by the Attorney General or bring private lawsuits.

V. Telecommunications Relay Services

➤ Companies offering telephone service to the general public must offer telephone relay services to individuals who use telecommunications devices for the deaf (TDD's) or similar devices.

➤ Individuals may file complaints with the Federal Communications Commission.

This document is available in the following accessible formats:

- Braille
- Large Print
- Audiotape
- Electronic file on computer disk and electronic bulletin board
  (202) 514-6193

For additional information contact:

✍
Coordination and Review Section
Civil Rights Division
U. S. Department of Justice
P.O. Box 66118
Washington, D.C. 20035-6118
✆
(202) 514-0301 (Voice)
(202) 514-0381 (TDD)
(202) 514-0383 (TDD)

CRD-10

GPO : 1990 - 273-170

Appendix B

Resources Information

Rehabilitation Services Administration
OSERS
Department of Education
400 Maryland Avenue, SW
Switzer Building, Room 3024
Washington, DC 20202-2531

US Department of Education, NIDRR
400 Maryland Avenue, SW
Washington, DC 20202-2702

National Rehabilitation Information Center (NARIC)
8455 Colesville Road, Suite 935
Silver Spring, MD 20910-3319
(800) 346-2742

NARIC is the national repository of NIDRR and RSA sponsored research documentation. Extensive holdings from other sources as well. Houses REHABDATA, computerized listing of NARIC's literature collection. NARIC is also a source of information about Rehabilitation Engineering Centers around the country. NARIC's databases are available on-line.

REHABILITATION SERVICES ADMINISTRATION REGIONAL OFFICES

RSA Regional Commissioner
Department of Education, OSERS
John F. Kennedy Federal Building
Room E400 Government Center
Boston, MA 02203

RSA Regional Commissioner
Department of Education, OSERS
26 Federal Plaza
Room 4104
New York, NY 10278

RSA Regional Commissioner
Department of Education, OSERS
3535 Market Street
Room 3350
Philadelphia, PA 19101

RSA Regional Commissioner
Department of Education, OSERS
101 Marietta Street, NW
Suite 821
Atlanta, GA 30323

RSA Regional Commissioner
Department of Education, OSERS
300 S. Wacker Drive, 15th Floor
Chicago, IL 60606

RSA Regional Commissioner
Department of Education, OSERS
1200 Main Tower Building
Room 2140
Dallas, TX 75202

RSA Regional Commissioner
Department of Education, OSERS
10220 N. Executive Hills Boulevard
Kansas City, MO 64153

RSA Regional Commissioner
Department of Education, OSERS
Federal Office Building, Room 480
50 United Nations Plaza
San Francisco, CA 94102

RSA Regional Commissioner
Department of Education, OSERS
2901 3rd Avenue, Room 120
Seattle, WA 98121

RSA Regional Commissioner
Department of Education, OSERS
Federal Office Building, Room 392
1961 Stout Street
Denver, CO 80202

TRIBAL VOCATIONAL REHABILITATION PROGRAMS (SECTION 130)

Alaska

Bristol Bay Native Association Vocational Rehabilitation Project
P. O. Box 310
Dillingham, AK 99576
(907) 842-5257

Arizona

Yavapai-Prescott Vocational Rehabilitation Services
530 E. Merritt Street
Prescott, AZ 86301
(602) 445-8790

Navajo Vocational Rehabilitation Program
P. O. Box 1420
Window Rock, AZ 86515
(602) 871-5076

Colorado

Southern Ute and Ute Mountain Tribes
Tribal Consortium
Southern Ute Tribe
P. O. Box 737
Ignacio, CO 81137
(303) 563-4525

Idaho

Shoshone/Bannock Vocational Rehabilitation Project
Tribal Education Department
Shoshone Bannock Tribes, Inc.
P. O. Box 306
Fort Hall, ID 83203
(208) 238-3916

Mississippi

Choctaw Vocational Rehabilitation Program
Mississippi Band of Choctaw Indians
P. O. Box 6010
Philadelphia, MS 39350
(601) 656-5251, ext. 376

Montana

Confederated Salish and Kootenai Tribes
Vocational Services Project
P. O. Box 117
Pablo, MT 59555
(406) 675-4810

Northern Cheyenne Vocational Rehabilitation
P. O. Box 128
Lane Deer, MT 59043
(406) 477-6722, ext. 35

Rocky Boy Vocational Rehabilitation Services
Chippewa Cree Business Committee
Rocky Boy Tribal Education Committee
P. O. Box 1082
Box Elder, MT 59521
(406) 395-4269

Assinboine Sioux Vocational Rehabilitation Project
Fort Peck Assinboine and Sioux Tribes
P.O. Box 1027
Poplar, MT 59255
(406) 768-5155, ext. 2390

New Mexico

Zuni Vocational Training Project
Pueblo of Zuni
P. O. Drawer 680
Zuni, NM 87327
(505) 782-5738

Oklahoma

WCD Rehabilitation Services
P. O. Box 998
Anadarko, OK 73005
(405) 247-3395

Washington

Colville Confederated Tribes Vocational Rehabilitation Services
P. O. Box 150
Nespelem, WA 99155
9509) 634-8842

Northwest Washington Intertribal Education and Training Board
2622 Thompson Drive, #42-D
Sedro Woolley, WA 98284
(206) 856-3302

Yakima Vocational Rehabilitation Project
Yakima Indian Nation
P. O. Box 151
Toppenish, WA 98948
(509) 865-5121, ext. 541

Wyoming

Sky People Vocational Rehabilitation Program
P. O. Box 8295
Ethete, WY 82520
(307) 332-4914

Funding History
(Section 130 Projects)

FY 1981-2	FY 1982-3	FY 1983-4	FY 1984-5	FY 1985-6	FY 1986-7	FY 1987-8	FY 1988-9	FY 1989-90	FY 1990-1	FY 1991-2
$650,000	*$650,000*	*$650,000*	*$650,000*	*$1,430,000*	*$1,340,000*	*$3,202,500*	*$3,448,750*	*$3,625,000*	*$3,821,000*	Proposed *$4,082,000*
Navajo	Navajo	Navajo	Navajo	Navajo	Navajo	Navajo	Navajo	Navajo	Navajo	Navajo
				Chippewa Cree	Chippewa Cree	Chippewa Cree	Chippewa Cree	Chippewa Cree	Chippewa Cree	Chippewa Cree
				Yakima					Yakima	Yakima
					Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock
						Conferedated Salish Kootenai	Conferedated Salish Kootenai	Conferedated Salish Kootenai	Conferedated Salish Kootenai	Conferedated Salish Kootenai
						Southern Ute	Southern Ute	Southern Ute	Southern Ute	Southern Ute
						Colville	Colville	Colville	Colville	Colville
						Mississippi Choctaw	Mississippi Choctaw		Mississippi Choctaw	Mississippi Choctaw
						Pueblo Zuni	Pueblo Zuni	Pueblo Zuni	Pueblo Zuni	Pueblo Zuni
						Bristol Bay	Bristol Bay	Bristol Bay	Bristol Bay	Bristol Bay
							Kodiak	Kodiak	Kodiak	Kodiak
							Yavapai	Yavapai	Yavapai	Yavapai
							Ft. Belknap	Ft. Belknap		
							W. C. D.	W. C. D.		
							Northern Arapahoe	Northern Arapahoe		
								Northwest Intertribal	Northwest Intertribal	Northwest Intertribal
										Northern Cheyenne

REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS

Director, RRCEP Region I
Institute for Social/Rehabilitation Service
Assumption College
500 Salisbury Street
Worcester, MA 01609

Director, RRCEP Region II
Department of Counseling/ Educational Psychology
SUNY at Buffalo
311 Christopher Baldy Hill
Buffalo, NY 14260

Director, RRCEP Region III
George Washington University
211 K Street, NW, Suite 211
Washington, DC 20052

Director, RRCEP Region IV
University of Tennessee
Room 337
Claxton Education Addition
Knoxville, TN 37996-3400

Director, RRCEP Region V
Southern Illinois University
550-C Lewis Lane
Carbondale, IL 623901

Director, RRCEP Region VI
University of Arkansas
P. O. Box 1358
Hot Springs, AR 71902

Director, RRCEP Region VII
Department of Education and Counseling Psychology
University of Missouri-Columbia
105 E. Ash Street, Suite 100
Columbia, MO 65203

Director, RRCEP Region VIII
Department of Human Service
McKee 41
University of Northern Colorado
Greeley, CO 80639

Director, RRCEP Region IX
5850 Hardy Avenue
Suite 112
San Diego, CA 92182

Director, RRCEP Region X
Rehabilitation Department
Seattle University
12th and E. Columbia Street
Seattle, WA 98122

Director, RRCEP
Department of Counseling and Psychological Services
College of Education
1140 Urban Life Building
University Plaza
Georgia State University
Atlanta, GA 30303

Rehabilitation Research and Training Centers

Alabama

Medical Rehabilitation Research and Training Center in the Prevention and Treatment of Secondary Complications of Spinal Cord Injury
Samuel L. Stover, M.D., Project Director
Department of Rehabilitation Medicine
University of Alabama at Birmingham
1717 6th Avenue, South
Birmingham, AL 35233-7330
(205) 934-3450

Arizona

American Indian Rehabilitation Research and Training Center
Timothy C. Thomason, Ed.D., Acting Project Director
Northern Arizona University
Institute for Human Development
Arizona University Affiliated Program
P. O. Box 5630
Flagstaff, AZ 86011-5630
(602) 523-4791

Native American Research and Training Center
Jennie R. Joe, Ph.D., M.P.H., Project Director
University of Arizona
1642 East Helen
Tucson, AZ 85719
(602) 621-5075

Arkansas

Research and Training Center on Enhancing Employability of Individuals with Handicaps
Vernon L. Glenn, Ed.D., Project Director
University of Arkansas
346 N. West Avenue
Fayetteville, AR 72701
(501) 575-3656

Research and Training Center on Vocational Rehabilitation of Individuals with Deafness and Hearing Impairments
Douglas Watson, Ph.D., Project Director
University of Arkansas
4601 West Markham Street
Little Rock, AR 72205
(501) 686-9691

California

University of California-Davis Research and Training Center in Progressive Neuromuscular Diseases
William M. Fowler, Jr., M.D., Project Director
Department of Physical Medicine and Rehabilitation
School of Medicine, TB 191
University of California Davis
Davis, CA 95616
(916) 752-2903

Research and Training Center on Aging
Bryan Kemp, Ph.D., Project Director
Los Amigos Research and Education Institute
Rancho Las Amigos Medical Center
7601 E. Imperial Highway
Downey, CA 90242
(213) 940-7402

Research and Training Center on Public Policy in Independent Living
Judith E. Heumann, MPH, Center Director
World Institute on Disability
510 16th Street, Suite 100
Oakland, CA 94610
(415) 763-4100

Research and Training Center on Mental Health Rehabilitation of Individuals with Deafness
Mimi W. P. Lou, Ph.D., Acting Project Director
University of California-San Francisco
Center for Deafness
3333 California Street, Suite 10
San Francisco, CA 94143-1208
(415) 476-7120

District of Columbia

Research and Training Center for Access to Rehabilitation and Economic Opportunity
Dr. Sylvia Walker, Project Director
Howard University
School of Education
2900 Van Ness Street, NW
Washington, DC 20008
(202) 806-8727

Florida

Research and Training Center for Children's Mental Health
Robert M. Friedman, Ph.D., Project Director
University of South Florida
Florida Mental Health Institute
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3899
(813) 974-4500

Hawaii

Pacific Basin Rehabilitation Research and Training Center
Daniel D. Anderson, Ed.D., Center Director
John A. Burns School of Medicine
University of Hawaii at Manoa
226 North Kuakini Street, Suite 233
Honolulu, HI 96817
(808) 537-5986

Illinois

Rehabilitation Research and Training Center in the Prevention and Treatment of Secondary Complications of Spinal Cord Injury
Henry B. Betts, M. D., Director
Northwestern University
Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, IL 60611
(312) 908-6017

Thresholds National Research and Training Center of Rehabilitation and Mental Illness
Judith A. Cook, Ph.D., Center Director
561 West Divesey Parkway, Suite 210-A
Chicago, IL 60614
(312) 348-5522

Research and Training Center on Traditionally Underserved Persons who are Deaf
Sue E. Ouellette, Ph.D., Director
Department of Communicative Disorders
Northern Illinois University
(815) 753-6514

Kansas

Beach Center on Families and Disability
Ann P. Turnbull, Ed.D., Co-Director
H. Rutherford Turnbull, LLB, LLM, Co-Director
University of Kansas
31000 Haworth Hall
Institute for Life Span Studies
Lawrence, KS 66045
(913) 864-7600

Massachusetts

Center for Psychiatric Rehabilitation Research and Training Center
William A. Anthony, Ph.D., Executive Director
Boston University
730 Commonwealth Avenue
Boston, MA 02215
(617) 353-3549

Medical Rehabilitation Research and Training Center in Rehabilitation and Childhood Trauma
Marvin Brooke, M.D., Director
Department of Rehabilitation Medicine
Tufts University School of Medicine
New England Medical Center
750 Washington Street, 75K-R
Boston, MA 02111
(617) 956-5622

Minnesota

Research and Training Center on Improving Community Living
Robert H. Bruininks, Ph.D., Project Director
University of Minnesota
6 Pattee Hall
150 Pillsbury Drive SE
Minneapolis, MN 55455
(612) 625-3396

Center for Children with Chronic Illness and Disability
Robert Blum, M.D., Director
Box 721 UMHC
Harvard Street at East River Road
Minneapolis, MN 55455
(612) 626-4032

Mississippi

Research and Training Center on Blindness and Low Vision
J. Elton Moore, Ed.D., Project Director
Mississippi State University
P. O. Drawer 6189
Mississippi State, MN 39762
(601) 325-2001

Missouri

Missouri Arthritis Rehabilitation Research Center (MARRC)
Gordon C. Sharp, M.D., Co-Director
Robert G. Frank, Ph.D., Co-Director
University of Missouri-Columbia
Medicine, MA 427 HSC
Columbia, MO 65212
(314) 882-3101

Montana

Research and Training Center on Rural Rehabilitation Services
Richard Offner, Ph.D., Project Director
University of Montana
52 N. Corbin Hall
Missoula, MT 59812
(406) 243-45481

New York

Medical Rehabilitation Research and Training Center for Multiple Sclerosis
Labe C. Scheinberg, M.D., Project Director
Albert Einstein College of Medicine
Yeshiva University
1300 Morris Park Avenue
Bronx, NY 10461
(212) 430-2682

Rehabilitation Research and Training Center for Community Integration of Persons with Traumatic Brain Injury
Barry Willer, Ph.D., Director
State University of New York at Buffalo
3435 Main Street
197 Farber Hall
Buffalo, NY 14214
(716) 831-2300

Research and Training Center in Rehabilitation of Traumatic Brain Injury and Stroke
Leonard Diller, Ph.D., Project Director
New York University Medical Center
Department of Rehabilitation Medicine
400 East 34th Street
New York, NY 10016
(212) 340-6161

Research and Training Center on Community Integration for Persons with Mental Retardation
Steven J. Taylor, Ph.D., Project Director
Syracuse University
Center on Human Policy
200 Huntington Hall, 2nd Floor
Syracuse, NY 13244-2340
(315) 443-3851

North Carolina

The Research and Training Center for Accessible Housing
Ronald L. Mace, FAIA, Director
North Carolina State University
School of Design
Box 8613
219 Oberlin Road
Raleigh, NC 27695-8613
(919) 737-3082

Ohio

Consortium on Aging and Developmental Disabilities
Jack H. Rubenstein, M.D., Project Director
University Affiliated
Cincinnati Center for Developmental Disorders
3300 Elland Avenue
Cincinnati, OH 45229
(513) 559-4958

Oregon

Research and Training Center for Community-Referenced Technologies for Nonaversive Behavior Modification
Robert H. Horner, Ph.D., Director
University of Oregon
Center on Human Development
135 Education Building
Eugene, OR 97403
(503) 686-5311

Research and Training Center on Family Support and Children's Mental Health
Barbara J. Friesen, Ph.D., Director
Regional Research Institute for Human Services
Portland State University
P. O. Box 751
Portland, OR 97207-0751
(502) 725-4040

Pennsylvania

Research and Training Center on Neural Recovery and Functional Enhancement
John F. Ditunno, Jr., M.D., Project Director
Jefferson Medical College of Thomas Jefferson University
111 South 11th Street, Suite 9605
Philadelphia, PA 19107
(215) 955-6573

Research and Training Center for Rehabilitation of Elderly Disabled Individuals
Stanley J. Brody, J.D., MSW, Project Director
University of Pennsylvania Hospital
3400 Spruce Street, Box 590
Philadelphia, PA 19104-2683
(215) 662-3700

Texas

ILRU Research and Training Center on Independent Living at TIRR
Marcus J. Fuhrer, Ph.D., Project Director
1333 Moursund Ave.
Houston, TX 77030
(713) 799-7011

Research and Training Center in Community-Oriented Services for Persons with Spinal Cord Injury
Marcus J. Fuhrer, Ph.D., Project Director
Baylor College of Medicine
Department of Physical Medicine and Rehabilitation
1333 Moursund Ave.
Houston, TX 77030-3405
(713) 799-7011

Virginia

Rehabilitation Research and Training Center on Severe Traumatic Brain Injury
Nathan D. Zasler, M.D., Project Director
Virginia Commonwealth University
Medical College of Virginia
Box 434, MCV Station
Richmond, VA 23298-0434
(804) 786-7290

Rehabilitation Research and Training Center on Supported Employment
Paul Wehman, Ph.D., Director
Virginia Commonwealth University
VCU Box 2011
Richmond, VA 23284-2011
(804) 367-1851

Washington

Research and Training Center in Traumatic Brain Injury
Justus F. Lehmann, M.D., Project Director
University of Washington
Department of Rehabilitation Medicine
BB-919 Health Service Building
Seattle, WA 98195
(206) 543-6766

West Virginia

Research and Training Center in Management of Rehabilitation Information Systems
Joseph Moriarty, Ph.D., Director
Administration, Training and Publications
West Virginia University
One Dunbar Plaza, Suite E
Dunbar, WV 25064
(304) 348-5340

Research and Computer Applications
Joseph Moriarty, Ph.D., Director
806 Allen Hall
West Virginia University
Morgantown, WV 26506
(304) 348-5340

Wisconsin

Research and Training Center on New Directions for Rehabilitation Facilities
Daniel C. McAlees, Ph.D., Project Director
University of Wisconsin-Stout, SVRI
Menomonie, WI 54751
(715) 232-1389

What is REHABDATA?

REHABDATA is a database that contains bibliographic records with abstracts (summaries) of the materials in the NARIC library. The National Rehabilitation Information Center (NARIC) is a library and information center on disability and rehabilitation. REHABDATA covers all aspects of disability and rehabilitation, and includes research reports, books, journal articles, and audiovisual materials.

REHABDATA contains information on more than 25,000 documents. As materials are added to the NARIC collection, they are also added to REHABDATA at a rate of about 400 documents a month.

REHABDATA Records

Each document in the NARIC library is represented in the database by a record containing a short abstract (summary of the contents) and ten information fields. These fields contain information on the authors, publisher, year of publication, number of pages, organization that produced the document, and the funding government agency. Each record also contains up to five descriptors that define the document's main topics.

Each record includes an accession number that corresponds to a document in the collection. The accession number is prefixed with either an *O*, an *R*, or a *J*. Research reports begin with an *O*, reference resources begin with an *R*, and journal articles begin with a *J*.

REHABDATA Searches

A search provides users with a descriptive listing of all of the documents in the NARIC collection on a particular topic or combination of topics. Users can then refer to that list to obtain copies of those documents from NARIC or elsewhere.

Descriptors, which are terms from the *REHABDATA Thesaurus*, make it easy for users to identify the document's basic subject matter quickly. Descriptors can be combined with each other or with other information fields to narrow a search. For example, a search of REHABDATA using the descriptor *brain injuries* results in a listing of more than 700 records—more than most people want to read or pay for. Adding the descriptor *children* to the search results in a list of only those records that have both descriptors—about 50 documents. Specifying the descriptor *brain injuries* and a publication year of 1989 results in about 100 documents.

Although using descriptors from the thesaurus is the most common means of searching the database, users can also obtain a list of materials by a particular author or organization.

The REHABDATA Thesaurus

The *REHABDATA Thesaurus* is a list of about 650 terms used as descriptors for indexing materials in REHABDATA. The thesaurus lists descriptors in alphabetical order, briefly defines them, and lists narrower, broader, and related terms. It a useful tool for persons who frequently search REHABDATA. Copies of the *REHABDATA Thesaurus* are available for $25.

How do I use REHABDATA?

There are two easy ways to use REHABDATA: through NARIC or through BRS Information Technologies, a publicly available database vendor.

REHABDATA at NARIC

Most users have a NARIC information specialist conduct a search for them. When a patron requests a search, the information specialist suggests possible search strategies (such as a combination of descriptors), conducts the search, and informs the patron of the search results. Detailed searches are usually completed within two working days of the request. Knowledgeable visitors to NARIC can use a computer here at the Center to search REHABDATA themselves, or an information specialist can assist them.

There are nominal fees for searches requiring printouts. NARIC charges $10 for the first 100 citations, and $5 for each additional 100 citations. NARIC provides photocopies of documents in our collection (many of which are difficult to obtain elsewhere) at a cost of 5¢ per page ($5 minimum order).

Copies of search results are available in large-print, braille, or IBM-compatible diskette formats for users with visual impairments.

To conduct a search:

- Call NARIC at 800/346-2742 or 301/588-9284 and ask to speak with an information specialist.
- Write to NARIC at 8455 Colesville Road, Suite 935, Silver Spring MD, 20910-3319. Unless you know exactly how you want to conduct the search, it is usually better to call and discuss the search with an information specialist.
- Visit our facility, located just outside Washington, DC. NARIC is completely accessible and located one block from the Silver Spring Metro stop. An information specialist will help you search REHABDATA.

REHABDATA on BRS

If you are experienced with database searching and subscribe to BRS Information Technologies, you can search REHABDATA at your leisure by using your own telecommunications equipment. The REHABDATA filename is "NRIC." For information about BRS subscriptions, subscription options, and necessary telecommunications equipment, contact BRS at 800/955-0906.

NARIC is operated by Macro Systems, Inc., Silver Spring, Maryland for the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, under contract #HN90028001.

ANNOUNCEMENT

Are you ever faced with the responsibility of locating resources focused on various aspects of Native American issues?

What you are about to read may be just what you have been searching for.

The American Indian Institute operates the **Native American Research Information Service (NARIS)** which is, at present, the only computerized data base which systematically compiles a comprehensive catalog of published and unpublished research focusing on Native American health, economic, human and natural resource development from 1969 to the present. This resource bank--which has been compiled, abstracted, and synthesized--can be accessed to retrieve specific information of interest to health personnel, tribal planners and Indian organizations.

NARIS' service is available **FREE** to Indian Health Service staff, tribes and P.L. 93-638 health contractors throughout the entire United States.

In a recent **NARIS** User Survey, respondents expressed overwhelming satisfaction and support for this unique, centrally located, computerized information service. As a result of **NARIS'** easy access and availability, many survey respondents realized substantial savings in personnel time and organizational costs.

To access **NARIS**, you need only o o o

- o **Call** (405) 325-4127,
- o **Ask** for the **NARIS** Specialist, and
- o **Indicate** your area of interest.

With a single search, all available research on a given topic can be accessed for review and use in proposal writing, planning, and/or scholarly work. As such, **NARIS** has great potential value to Native American tribes and groups across the nation.

Frequently requested topic searches include:

- o **HEALTH** - Alcoholism, Health Education, Child Care, Diabetes, Cultural Factors, Hypertension, and Service Delivery
- o **ECONOMICS** - Tribal Enterprises, Resource Development, Community Development, Housing, and Employment
- o **SOCIAL** - Child Welfare, Youth Programs, Parenting Skills, Education, and Language Development.

If you are familiar with the **NARIS** system, please pass on this information to other personnel around you who might benefit from its use. If you have yet to use our **NARIS** services, take this opportunity to find out how easy it is to request information and reap the benefits of our service.

Your support of our ongoing efforts to notify tribal administrators, planners and other appropriate personnel of **NARIS'** availability is requested. If you have any questions or if we can be of assistance to you, please write or call:

NARIS Specialist
American Indian Institute
The University of Oklahoma
555 Constitution Avenue
Norman, Oklahoma 73037
(405) 325-4127

Appendix C

Code of Federal Regulations

the vocational rehabilitation services part of a consolidated rehabilitation plan under § 361.2(d) of this part.

(Authority: Sec. 12(c) of the Act; 29 U.S.C. 711(c))

Substantial handicap to employment means that a physical or mental disability (in light of attendant medical, psychological, vocational, educational, and other related factors) impedes an individual's occupational performance, by preventing the obtaining, retaining, or preparing for employment consistent with the individual's capacities and abilities.

(Authority: Secs. 7(7)(A)(i) and 12(c) of the Act; 29 U.S.C. 706(7)(A)(i) and 711(c))

Supported employment means—

(i) Competitive work in an integrated work setting with on-going support services for individuals with severe handicaps for whom competitive employment—

(A) Has not traditionally occurred; or

(B) Has been interrupted or intermittent as a result of severe handicaps; or

(ii) Transitional employment for individuals with chronic mental illness.

Transitional employment for individuals with chronic mental illness, as used in the definition of "Supported employment," means competitive work in an integrated work setting for individuals with chronic mental illness who may need support services (but not necessarily job skills training services) provided either at the work site or away from the work site to perform the work. The job placement may not necessarily be a permanent employment outcome for the individual.

(Authority: Secs. 7(18) and 12(c) of the Act; 29 U.S.C. 706(18) and 711(c))

Vocational rehabilitation services when provided to an individual, means those services listed in § 361.42 of this part.

(Authority: Sec. 103(a) of the Act, 29 U.S.C. 723(a))

Vocational rehabilitation services when provided for the benefit of groups of individuals, also means:

(i) In the case of any type of small business enterprise operated by individuals with severe handicaps under the supervision of the State unit, management services, and supervision and acquisition of vending facilities or other equipment, and initial stocks and supplies;

(ii) The establishment of a rehabilitation facility;

(iii) The construction of a rehabilitation facility;

(iv) The provision of other facilities and services, including services provided at rehabilitation facilities, which promise to contribute substantially to the rehabilitation of a group of individuals but which are not related directly to the individualized written rehabilitation program of any one individual with handicaps;

(v) The use of existing telecommunications systems; and

(vi) The use of services providing recorded material for blind persons and captioned films or video cassettes for deaf persons.

(Authority: Sec. 103(b) of the Act; 29 U.S.C. 723(b))

Workshop means a rehabilitation facility, or that part of a rehabilitation facility, engaged in production or service operation for the primary purpose of providing gainful employment as an interim step in the rehabilition process for those who cannot be readily absorbed in the competitive labor market or during such time as employment opportunities for them in the competitive labor market do not exist.

(Authority: Secs. 7(11) and 12(c) of the Act; 29 U.S.C. 706(11) and 711(c))

[46 FR 5524, Jan. 19, 1981, as amended at 50 FR 38629, Sept. 23, 1985; 53 FR 16982, May 12, 1988]

Subpart B—State Plans for Vocational Rehabilitation Services

SOURCE: 46 FR 5526, Jan. 19, 1981, unless otherwise noted.

STATE PLAN CONTENT: ADMINISTRATION

§ 361.2 The State plan: General requirements.

(a) *Purpose.* In order for a State to be eligible for grants from the allotment of funds under Title I of the Act,

it must submit an approvable State plan covering a three-year period and meeting Federal requirements. The State plan must provide for financial participation by the State, or if the State chooses, by the State and local agencies jointly, and must provide that it will be in effect in all political subdivisions of the State, except as specifically provided in § 361.11 (Shared funding and administration of special joint projects or programs) and § 361.12 (Waiver of Statewideness).

(b) *Form and content.* The State plan must contain, in the form prescribed by the Secretary a description of the State's vocational rehabilitation program, the plans and policies to be followed in carrying out the program and other information requested by the Secretary. The State plan must consist of:

(1) A part providing detailed commitments specified by the Secretary that must be amended or reaffirmed every three years, including—

(i) A description of how rehabilitation engineering services will be provided to assist an increasing number of individuals with handicaps;

(ii) A summary of the results of a comprehensive, Statewide assessment of the rehabilitation needs of individuals with severe handicaps residing within the State and the State's response to the assessment; and

(iii) An acceptable plan under 34 CFR Part 363.

(2) A part containing a fiscal year progammming description, based on the findings of the continuing Statewide studies (§ 361.17), the annual evaluation of the effectiveness of the State's program (§ 361.17) and other pertinent reviews and studies. This annual programming description must include:

(i) Changes in policy resulting from the continuing Statewide studies and the annual evaluation of the effectiveness of the program;

(ii) Estimates of the number of individuals with handicaps who will be served with funds provided under the Act;

(iii) A description of the methods used to expand and improve services to those individuals who have the most severe handicaps, including individuals served under 34 CFR Part 363;

(iv) A justification for and description of the order of selection (§ 361.36) of individuals with handicaps to whom vocational rehabilitation services will be provided (unless the designated State unit assures that it is serving all eligible individuals with handicaps who apply);

(v) A description of the outcome and service goals to be achieved for individuals with handicaps in each priority category within the order of selection in effect in the State and the time within which these goals may be achieved. These goals must include those objectives, established by the State unit and consistent with those set by the Secretary in instructions concerning the State plan, that are measurable in terms of service expansion or program improvement in specified program areas, and that the State unit plans to achieve during a specified period of time; and

(vi) A description of the plans, policies, and methods to be followed to assist in the transition from education to employment-related activities, including a summary of the previous year's activities and accomplishments.

(c) *Separate part relating to rehabilitation of the blind.* If a separate State agency for the blind administers or supervises the administration of that part of the State plan relating to the rehabilitation of blind individuals, that part of the State plan must meet all requirements applicable to a separate State plan.

(d) *Consolidated rehabilitation plan.* The State may choose to submit a consolidated rehabilitation plan which includes the State plan for vocational rehabilitation services and either the State plan for independent living rehabilitation services or the State's plan for its program for persons with developmental disabilities, or both. If the State's plan for persons with developmental disabilities is included, the State planning and advisory council for developmental disbilities and the agency or agencies administering the State's program for persons with developmental disabilities must have concurred in the submission of the consolidated rehabilitation plan. A

consolidated rehabilitation plan must comply, and be administered in accordance with this Act and the Developmental Disabilities Assistance and Bill of Rights Act, as amended. The Secretary may approve the consolidated rehabilitation plan to serve as the substitute for the separate plans which would otherwise be required.

(e) *Designation of a new State agency or a new State unit.* Before designating a new State agency or a new State unit, the chief administrative officer of the State agency must assure the Secretary in writing that the vocational rehabilitation program will continue to operate in conformity with the most recent approved State plan, until a new State plan is submitted. The State agency must submit a new State plan within 90 days following the designation of a new State agency or a new State unit.

(f) *Transition to new State agency or State unit.* When a new State agency or a new State unit is designated under paragraph (e) of this section, the State agency must turn over to that agency program and financial records and other pertinent information and resources necessary for the effective conduct of the vocational rehabilitation program.

(Approved by the Office of Management and Budget under control number 1820-0500)

(Authority: Secs. 6 and 101(a) of the Act; 29 U.S.C. 705 and 721(a))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16984, May 12, 1988; 53 FR 49145, Dec. 6, 1988]

§ 361.3 State plan approval.

The State plan must be submitted for approval for each three-year period no later than July 1 of the year preceding the first fiscal year for which the State plan is submitted.

(Authority: Sec. 101(b) of the Act; 29 U.S.C. 721(b))

§ 361.4 Withholding of funds.

(a) *When withheld.* Payments under sections 111 or 121 of the Act may be withheld, suspended, or limited as provided by section 101(c) of the Act, when after a reasonable notice and opportunity for hearing has been given to the State agency, the Secretary finds that:

(1) The State plan has been so changed that it no longer conforms with the requirements of section 101(a) of the Act, or

(2) In the administration of the State plan, there is a failure to comply substantially with any provision of such plan.

(b) *Notification to State agency.* The State agency is notified of the decision.

(c) *Judicial review.* The decision to withhold, suspend, or limit payments described in paragraph (a) of this section may be appealed to the U.S. Court of Appeals for the circuit in which the State is located, in accordance with section 101(d) of the Act.

(d) *Informal discussions.* Hearings described in paragraph (a) of this section are not called until after reasonable effort has been made to resolve the questions involved by conference and discussion with State officials.

(Authority: Secs. 101(c)(1) and 101(d) of the Act; 29 U.S.C. 721(c)(1) and 721(d))

§ 361.5 State agency for administration.

(a) *Designation of sole State agency.* The State plan must designate a State agency as the sole State agency to administer the State plan, or to supervise its administration in a political subdivision of the State by a sole local agency. In the case of American Samoa, the State plan must designate the Governor; in the case of the Trust Territory of the Pacific Islands, the State plan must designate the High Secretary.

(b) *Sole State agency.* The State plan must provide that the sole State agency, except for American Samoa, and the Trust Territory of the Pacific Islands, and except for a sole State agency for the blind as specified in paragraph (c) of this section, must be:

(1) A State agency primarily concerned with vocational rehabilitation, or vocational and other rehabilitation of individuals with handicaps. This agency must be an independent State commission, board, or other agency, which has as its major function vocational rehabilitation, or vocational and other rehabilitation of individuals

with handicaps. The agency must have the authority, subject to the supervision of the Office of Governor, when appropriate, to define the scope of the vocational rehabilitation program within the provision of State and Federal law, and to direct its administration without external administrative controls; or

(2) The State agency administering or supervising the administration of education or vocational education in the State; or

(3) A State agency which includes at least two other major organizational units, each of which administers one or more of the State's major programs of public education, public health, public welfare, or labor.

(c) *Sole State agency for the blind.* Where the State commission for the blind or other agency which provides assistance or services to the blind is authorized under State law to provide vocational rehabilitation services to blind individuals, this agency may be designated as the sole State agency to administer the part of the plan under which vocational rehabilitation services are provided for the blind or to supervise its administration in a political subdivision of the State by a sole local agency.

(d) *Authority.* The State plan must set forth the legal basis for administration by sole local rehabilitation agencies, if applicable.

(e) *Responsibility for administration.* The State plan must assure that all decisions affecting eligibility for, the nature and scope of available vocational rehabilitation services, and the provision of these services are made by the State agency through its designated State unit, or by a designated vocational rehabilitation unit of a local agency under the supervision of the designated State unit. This responsibility may not be delegated to any other agency or individual.

(Authority: Secs. 101(a)(1) and 101(a)(2) of the Act; 29 U.S.C. 721(a)(1) and 721(a)(2))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, May 12, 1988]

§ 361.6 Organization of the State agency.

(a) *Organization.* The State plan must describe the organizational structure of the State agency, including a description of organizational units, the programs and functions assigned to each, and the relationships among these units within the State agency. These descriptions must be accompanied by organizational charts reflecting:

(1) The relationship of the State agency to the Governor and his or her office and to other agencies administering major programs of public education, public health, public welfare, or labor of parallel stature within the State government; and

(2) The internal structure of the State agency and the designated State unit, if applicable. The organizational structure must provide for all the vocational rehabilitation functions for which the State agency is responsible, and for clear lines of administrative and supervisory authority.

(b) *Designated State unit.* Where the designated State agency is of the type specified in § 361.5(b) (2) or (3), or § 361.5(c), the State plan must assure that the agency (or each agency, where two agencies are designated), includes a vocational rehabilitation bureau, division or other organizational unit which:

(1) Is primarily concerned with vocational rehabilitation, or vocational and other rehabilitation of individuals with handicaps, and is responsible for the administration of the State agency's vocational rehabilitation program, which includes the determination of eligibility for; the determination of the nature and scope of; and the provision of vocational rehabilitation services under the State plan;

(2) Has a full time director in accordance with § 361.8; and

(3) Has a staff, all or almost all of whom are employed full time on the rehabilitation work of the organizational unit.

(c) *Location of designated State unit.* (1) The State plan must assure that the designated State unit, specified in paragraph (b) of this section, is located at an organizational level and has an organizational status within the State agency comparable to that of other major organizational units of the agency, or in the case of an agency described in § 361.5(b)(2), the unit must be so located and have that

status, or the director of the unit must be the executive officer of the State agency.

(2) In the case of a State which has not designated a separate State agency for the blind as provided for in § 361.5 the State may assign responsibility for the part of the plan under which vocational rehabilitation services are provided to blind individuals to one organizational unit of the State agency and may assign responsibility for the rest of the plan to another organizational unit of the agency, with the provisions of paragraphs (b) and (c)(1) of this section applying separately to each of these units.

(Authority: Sec. 101(a)(2) of the Act; 29 U.S.C. 721(a)(2))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, May 12, 1988]

§ 361.7 Designation of substitute State vocational rehabilitation agency.

(a) *General Provisions.* (1) If the Secretary has withheld all funding from a State under § 361.4, designate another agency to substitute for the State agency in carrying out the State's program of vocational rehabilitation services. Funds are considered to be withheld when a final administrative decision under § 361.4 is in effect and funds either are not granted to a State agency or are granted to the State agency to enable it to operate the program on a temporary basis pending the orderly transition of responsibility to a substitute agency.

(2) Any public agency or nonprofit organization or agency within the State or any political subdivision of the State may apply for designation as a substitute agency.

(3) To be eligible for designation as a substitute agency, the applicant must submit a proposal for a substitute State plan which meets the requirements of this part.

(4) The substitute State plan covers a three-year period or the remaining portion of the period covered by the previously approved State plan. The Secretary may not make a grant to a substitute agency until he approve its plan.

(b) *Proposal submittal.* A proposal for submitting a substitute State plan must be in the format required by the Secretary.

(c) *Factors considered in evaluating proposals.* In selecting a substitute agency, the Secretary considers the following factors:

(1) The program and financial capacity of the applicant agency for carrying out a program of vocational rehabilitation services, including the source of funds to be contributed in order to match Federal funds;

(2) The organizational structure of the applicant agency;

(3) The qualifications to be required of the applicant agency staff; and

(4) The extent to which the proposed State vocational rehabilitation service program is comparable to the program which had been carried out under the most recent previously approved State plan in the State.

(d) *Review of proposals.* In selecting a substitute agency, the Secretary evaluates the relative merit of all proposals which are submitted.

(e) *Substitute agency matching share.* The Secretary shall not make any payment to the substitute agency unless it has provided assurances that it will contribute the same proportion of the total amount of funds as the State would have been obligated to contribute if the State agency were carrying out the vocational rehabilitation service program.

(f) *State agency re-designation.* If the State agency changes its State plan or agrees to change its administration of the plan to comply with Federal requirements, the State agency is redesignated as the agency to operate the vocational rehabilitation program. The State agency resumes its operation of the program either at the end of the three-year period for which the substitute State plan has been approved or on any earlier date determined by the Secretary after agreement by the substitute agency and the State agency.

(Authority: Sec. 101(c)(2) of the Act; 29 U.S.C. 721(c)(2))

§ 361.8 State unit director.

The State plan must assure that there will be a full-time director who directs the State agency specified in

§ 361.5(b)(1) or the designated State unit specified in § 361.6(b).

(Authority: Sec. 101(a)(2)(A) of the Act; 29 U.S.C. 721(a)(2)(A))

§ 361.9 Local administration.

(a) *Scope of written agreement.* The State plan must assure that any local administration of the plan by a sole local agency is based on a written agreement between the local agency and the designated State unit with the concurrence of the State agency which:

(1) Indicates that the local agency will conduct a vocational rehabilitation program through its designated unit under the supervision of the designated State unit in accordance with the State plan and in compliance with Statewide standards established by the designated State unit;

(2) Assures that the designated unit of the local agency will be responsible for carrying out the vocational rehabilitation program and will meet the requirements for this unit specified in § 361.6(b);

(3) Describes the methods to be followed by the designated State unit in its supervision of the local agency's vocational rehabilitation program;

(4) Indicates the basis on which the designated State unit participates financially in its locally administered vocational rehabilitation programs;

(5) Indicates whether the local unit will utilize another local public or nonprofit agency in providing vocational rehabilitation services to individuals with handicaps, and the arrangements to be made; and

(6) Assures that the sole local agency will be responsible through its designated unit for the administration of the vocational rehabilitation program and will employ staff for carrying out the vocational rehabilitation program including a full-time director.

(b) *Responsibility of local agency.* If the State plan provides for local administration, it must assure that the sole local agency is responsible through its designated unit for the administration of the program within the political subdivision which it serves. A separate local agency serving the blind may administer that part of the plan relating to vocational rehabilitation of the blind, under the supervision of the designated State unit for the blind.

(Authority: Sec. 101(a)(1)(A) of the Act; 29 U.S.C. 721(A)(1)(A))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, May 12, 1988]

§ 361.10 Methods of administration.

The State plan must assure that the State agency and the designated State unit employ those methods found necessary by the Secretary for the proper and efficient administration of the plan, and for carrying out all functions for which the State is responsible under the plan and this part.

(Authority: Sec. 101(a)(6) of the Act; 29 U.S.C. 721(a)(6))

§ 361.11 Shared funding and administration of special joint projects or programs.

(a) *Procedural requirements.* In order to carry out a special joint project or program to provide services to individuals with handicaps, the State unit with the concurrence of the State agency must request the Secretary to authorize it to share funding and administrative responsibility for a joint project or program with another agency or agencies of the State, or with a local agency. The Secretary approves a request for the shared funding and administration of a special joint project or program which he has determined will more effectively accomplish the purpose of the Act and may also waive the provisions of § 361.2(a) that the State plan must be in effect in all political subdivisions of the State.

(b) *Scope of written agreement.* The State plan must assure that each special joint project or program is based on a written agreement which:

(1) Describes the nature and scope of the joint project or program, the services to be provided, the respective roles of each participating agency in the provision of services and in their administration, and the share of the costs to be assumed by each;

(2) Specifies the period of the joint project or program, and plans for anticipated continuation;

45 CFR Part 75—Informal grant appeals procedures (Indirect cost rates and other cost allocations)

(Authority: Secs. 11 and 12(c) of the Act; 29 U.S.C. 710 and 711(c))

§ 361.25 State-imposed requirements.

The designated State unit shall identify as a State-imposed requirement any State rule or policy relating to its administration or operation of programs under the Act, including any rule or policy based on interpretation of any Federal law, regulation, or guideline.

(Authority: Sec. 17 of the Act; 29 U.S.C. 716)

[53 FR 16985, May 12, 1988]

State Plan Content: Provision and Scope of Service

§ 361.30 Processing referrals and applications.

The State plan must assure that the State unit establishes and maintains written standards and procedures to assure expeditious and equitable handling of referrals and applications for vocational rehabilitation services.

(Authority: Secs. 101(a)(6) of the Act; 29 U.S.C. 721(a)(6))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16985, May 12, 1988]

§ 361.31 Eligibility for vocational rehabilitation services.

(a) *General provisions.* (1) The State plan must assure that eligibility requirements are applied by the designated State unit without regard to sex, race, age, creed, color, or national origin of the individual applying for service. The State plan must also assure that no group of individuals is excluded or found ineligible solely on the basis of type of disability. With respect to age, the State plan must assure that no upper or lower age limit is established which will, in and of itself, result in a finding of ineligibility for any individual with handicaps who otherwise meets the basic eligibility requirements specified in paragraph (b) of this section.

(2) The State plan must assure that no residence requirement, durational or other, is imposed which excludes from services any individual who is present in the State.

(b) *Basic conditions.* The State plan must assure that eligibility is based only upon:

(1) The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and

(2) A reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

(c) *Interim determination of eligibility.* The State plan may provide for vocational rehabilitation services to be initiated for an individual on the basis of an interim determination of eligibility. If the State chooses this approach, it must identify the criteria established for making an interim determination of eligibility, the procedures to be followed, the services which may be provided, and the period, not to exceed 90 days, during which services may be provided until a final determination of eligibility is made.

(Authority: Secs. 7(7)(A), 12(c), 101(a)(6) and 101(a)(14) of the Act; 29 U.S.C. 706(7)(A), 711(c), 721(a)(6), and 721(a)(14))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, May 12, 1988]

§ 361.32 Evaluation of vocational rehabilitation potential: Preliminary diagnostic study.

(a) *Basic conditions.* The State plan must assure that, in order to determine whether any individual is eligible for vocational rehabilitation services, there is a preliminary diagnostic study to determine:

(1) Whether the individual has a physical or mental disability which for that individual constitutes or results in a substantial handicap to employment; and

(2) Whether vocational rehabilitation services may reasonably be expected to benefit the individual in terms of employability, or whether an extended evaluation of vocational rehabilitation potential is necessary to make this determination.

(b) *Scope of diagnostic study.* The State plan must assure that the preliminary diagnostic study includes examinations and diagnostic studies to

158

make the determinations specified in paragraph (a) of this section. In all cases, the evaluation places primary emphasis upon determining the individual's potential for achieving a vocational goal.

(c) *Specific evaluations.* The State plan must also assure that the preliminary diagnostic study includes an appraisal of the current general health status of the individual based, to the maximum extent possible, on available medical information, and, as appropriate, evaluations by qualified personnel of the potential to benefit from rehabilitation engineering services. The State plan must further assure that in all cases of mental or emotional disorder, an examination is provided by a physician skilled in the diagnosis and treatment of such disorders, or by a psychologist licensed or certified in accordance with State laws and regulations, in those States where laws and regulations pertaining to the practice of psychology have been established.

(Authority: Secs. 7(5) and 103(a)(1) of the Act; 29 U.S.C. 706(5) and 723(a)(1))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16965, May 12, 1988]

§ 361.33 Evaluation of vocational rehabilitation potential: Thorough diagnostic study.

(a) *General provision.* The State plan must assure that, as appropriate in each case, when an individual's eligibility for vocational rehabilitation services has been determined, there is a thorough diagnostic study to determine the nature and scope of services needed by the individual. This study consists of a comprehensive evaluation of pertinent medical, psychological, vocational, educational, recreational, and other factors relating to the individual's handicap to employment and rehabilitation needs.

(b) *Scope of thorough diagnostic study.* The thorough diagnostic study includes in all cases to the degree needed, an appraisal of the individual's employability, personality, intelligence level, educational achievement, work experience, personal, vocational, and social adjustment, employment opportunities, and other pertinent data helpful in determining the nature and scope of services needed. The study also includes, as appropriate for each individual, an appraisal of the individual's patterns of work behavior, ability to acquire occupational skill and capacity for successful job performance, and the need for rehabilitation engineering services.

(Authority: Sec. 7(5) of the Act; 29 U.S.C. 706(5))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16985, May 12, 1988]

§ 361.34 Extended evaluation to determine vocational rehabilitation potential.

(a) *Basic conditions.* The State plan must assure that the furnishing of vocational rehabilitation services under an extended evaluation to determine vocational rehabilitation potential is based only upon:

(1) The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and

(2) An inability to make a determination that vocational rehabilitation services might benefit the individual in terms of employability unless there is an extended evaluation to determine vocational rehabilitation potential.

(b) *Duration and scope of services.* Vocational rehabilitation services necessary for determination of rehabilitation potential, including those provided within a thorough diagnostic study, may be provided to an individual with handicaps for a total period not longer than 18 months.

(c) *Other conditions.* (1) The extended evaluation period begins on the date of certification for extended evaluation to determine rehabilitation potential required in § 361.35(b). Only one 18-month maximum period is permitted during the time that the case is open. If a case has been closed because of a determination that the individual's needs have changed, the case may be re-opened and a subsequent evaluation of vocational rehabilitation potential may be carried out.

(2) Vocational rehabilitation services, authorized after the expiration of the extended evaluation period, are provided only if the certification of eligibility required in § 361.35(a) has been executed by an appropriate State unit staff member.

(d) *Review.* The State plan must assure a thorough assessment of the individual's progress as frequently as necessary but at least once every 90 days during the extended evaluation period. This assessment includes periodic reports from the facility, or person providing the services, to determine the results of the services and to determine whether the individual may be determined to be eligible or ineligible.

(e) *Termination.* The State plan must assure that at any time before the end of an 18-month extended evaluation period, the extended evaluation must be terminated when:

(1) The individual is found eligible for vocational rehabilitation services since there is a reasonable assurance that the individual can be expected to benefit in terms of employability from vocational rehabilitation services; or

(2) The individual is found ineligible for any additional vocational rehabilitation services since it has been determined on the basis of clear evidence that the individual cannot be expected to benefit in terms of employability from vocational rehabilitation services. In this case, the procedures described in § 361.40(d) are to be followed and the individual is referred for services under the State's independent living rehabilitation program under Part 363 of this chapter.

(Authority: Sec. 7(5) of the Act; 29 U.S.C. 706(5))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, 16985, May 12, 1988]

§ 361.35 Certification: Eligibility; extended evaluation to determine vocational rehabilitation potential; ineligibility.

(a) *Certification of eligibility.* The State plan must assure that, before or at the same time that the State unit accepts an individual with handicaps for vocational rehabilitation services, there must be a certification that the individual has met the basic eligibility requirements specified in § 361.31(b). The State plan must further assure that the certification of eligibility is dated and signed by an appropriate State unit staff member.

(b) *Certification for extended evaluation to determine vocational rehabilitation potential.* The State plan must assure that before, and as a basis for providing an extended evaluation to determine vocational rehabilitation potential, there must be a certification that the individual has met the requirements in § 361.34(a). The State plan must further assure that the certification is dated and signed by an appropriate State unit staff member.

(c) *Certification of ineligibility.* (1) The State plan must assure that, whenever the State unit determines on the basis of clear evidence that an applicant or recipient of vocational rehabilitation is ineligible for services, there must be a certification dated and signed by an appropriate designated State unit staff member.

(2) The State plan must further assure that the certification indicates the reasons for the ineligibility determination and is made only after full consultation with the individual or, as appropriate, the individual's parent, guardian, or other representative, or after giving a clear opportunity for this consultation. The designated State unit notifies the individual in writing of the action taken and informs the individual of the individual's rights and the means by which the individual may express and seek remedy for any dissatisfaction, including the procedures review of rehabilitation counselor or coordinator determinations under § 361.48. The individual is provided a detailed explanation of the availability of the resources within a client assistance project established under Section 112 of the Act, and referral is made to other agencies and facilities, including when appropriate, the State's independent living rehabilitation program under Part 365.

(d) *Review of ineligibility determination.* The State plan must further assure that when an applicant for vocational rehabilitation services has been determined on the basis of the preliminary diagnostic study to be ineligible because of a finding that the individual cannot be expected to achieve a vocational goal, the ineligibility determination will be reviewed within 12 months. This review need not be conducted in situations where the individual has refused it, the individual is no longer present in the

State, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal.

(e) *Closure without eligibility determination.* The State plan must provide that the State unit may close a case without any determination of eligibility when an applicant is unavailable during an extended period of time to complete an evaluation of vocational rehabilitation potential and the State unit has made repeated effort to contact the individual and to encourage the individual's participation.

(Authority: Secs. 12(c) and 101(a)(6) of the Act; 29 U.S.C. 711(c) and 721(a)(6))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, 16985, May 12, 1988]

§ 361.36 Order of selection for services.

(a) *General provisions.* The State plan must include and explain the justification for the order to be followed in selecting individuals with handicaps to be provided vocational rehabilitation services if services cannot be provided to all eligible individuals who apply.

(b) *Priority for individuals with severe handicaps.* The State plan must assure that those individuals with the most severe handicaps are selected for service before other individuals with handicaps.

(c) *Disabled public safety officers.* The State plan must also assure that special consideration will be given to those individuals with handicaps whose handicapping condition arose from a disability sustained in the line of duty while performing as public safety officer and the immediate cause of such disability was a criminal act, apparent criminal act, or a hazardous condition resulting directly from the officer's performance of duties in direct connection with the enforcement, execution, and administration of law or fire prevention, firefighting, or related public safety activities.

(Approved by the Office of Management and Budget under control number 1820-0500)

(Authority: Sec. 101(a)(5)(A) of the Act; 29 U.S.C. 721(a)(5)(A))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, 16985, May 12, 1988; 53 FR 49145, Dec. 6, 1988]

§ 361.37 Services to civil employees of the United States.

The State plan must assure that vocational rehabilitation services are available to civil employees of the U.S. Government who are disabled in line of duty, under the same terms and conditions applied to other individuals with handicaps.

(Authority: Sec. 101(a)(13)(A) of the Act; U.S.C. 721(a)(13)(A))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, May 12, 1988]

§ 361.38 Services to handicapped American Indians.

The State plan must assure that vocational rehabilitation services are provided to American Indians with handicaps residing in the State to the same extent that these services are provided to other significant groups of the State's handicapped population. The State plan must further assure that the designated State unit continues to provide vocational rehabilitation services, including, as appropriate, services traditionally used by Indian tribes, to American Indians with handicaps on reservations eligible for services by a special tribal program under section 130 of the Act.

(Authority: Secs. 101(a)(20) and 130 of the Act; 29 U.S.C. 721(a)(20) and 750)

[53 FR 16985, May 12, 1988]

§ 361.39 The case record for the individual.

The State plan must assure that the designated State unit maintains for each applicant for, and recipient of, vocational rehabilitation services a case record which includes, to the extent pertinent, the following information:

(a) Documentation concerning the preliminary diagnostic study supporting the determination of eligibility, the need for an extended evaluation of vocational rehabilitation potential, and, as appropriate, documentation concerning the thorough diagnostic study supporting the nature and scope

of vocational rehabilitation services to be provided;

(b) In the case of an individual who has applied for vocational rehabilitation services and has been determined to be ineligible, documentation specifying the reasons for the ineligibility determination, and noting a review of the ineligibility determination carried out not later than twelve months after the determination was made;

(c) Documentation supporting any determination that the individual's handicaps are severe;

(d) Documentation as to periodic assessment of the individual during an extended evaluation of vocational rehabilitation potential;

(e) An individualized written rehabilitation program as developed under § 361.40 and § 361.41 and any amendments to the program;

(f) In the event that physical and mental restoration services are provided, documentation supporting the determination that the clinical status of the individual with handicaps is stable or slowly progressive unless the individual is being provided an extended evaluation of rehabilitation potential;

(g) Documentation supporting any decision to provide services to family members;

(h) Documentation relating to the participation by the individual with handicaps in the cost of any vocational rehabilitation services if the State unit elects to condition the provision of services on the financial need of the individual;

(i) Documentation relating to the eligibility of the individual for any similar benefits, and the use of any similar benefits;

(j) Documentation that the individual has been advised of the confidentiality of all information pertaining to his case, and documentation and other material concerning any information released about the individual with handicaps with his or her written consent;

(k) Documentation as to the reason for closing the case including the individual's employment status and, if determined to be rehabilitated, the basis on which the employment was determined to be suitable;

(l) Documentation of any plans to provide post-employment services after the employment objective has been achieved, the basis on which these plans were developed, and a description of the services provided and the outcomes achieved;

(m) Documentation concerning any action and decision involving the request by the individual with handicaps for review of rehabilitation counselor or coordinator determinations under § 361.48; and

(n) In the case of an individual who has been provided vocational rehabilitation services under an individualized written program but who has been determined after the initiation of these services to be no longer capable of achieving a vocational goal, documentation of any reviews of this determination in accordance with § 361.40(d).

(Approved by the Office of Management and Budget under control number 1820-0500)

(Authority: Secs. 101(a)(6) and 101(a)(9) of the Act; 29 U.S.C. 721(a)(6) and 721(a)(9))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, 16985, May 12, 1988; 53 FR 49145, Dec. 6, 1988]

§ 361.40 The individualized written rehabilitation program: Procedures.

(a) *General provisions.* The State plan must assure that an individualized written rehabilitation program is initiated and periodically updated for each eligible individual and for each individual being provided services under an extended evaluation to determine rehabilitation potential. The State plan must also assure that vocational rehabilitation services are provided in accordance with the written program. The individualized written rehabilitation program must be developed jointly by the vocational rehabilitation counselor or coordinator and the individual with handicaps or, as appropriate, that individual and a parent, guardian or other representative, including other suitable professional and informed advisors. The State unit must provide a copy of the written program, and any amendments, to the individual with handicaps or, as appropriate, that individual and a parent, guardian, or other repre-

sentative and must advise each individual with handicaps or that individual's representative of all State unit procedures and requirements affecting the development and review of individualized written rehabilitation programs.

(b) *Initiation of program.* The individualized written rehabilitation program must be initiated after certification of eligibility under § 361.35(a)or certification for extended evaluation to determine rehabilitation potential under § 361.35(b).

(c) *Review.* The State must assure that the individualized written program will be reviewed as often as necessary but at least on an annual basis. Each individual with handicaps or, as appropriate, that individual's parent, guardian, or other representative, must be given an opportunity to review the program and, if necessary, jointly redevelop and agree to its terms.

(d) *Review of ineligibility determination.* The State plan must assure that if services are to be terminated under a written program because of a determination that the individual with handicaps is not capable of achieving a vocational goal and is therefore no longer eligibile, or if in the case of an individual with handicaps who has been provided services under an extended evaluation of vocational rehabilitation potential, services are to be terminated because of a determination that the individual cannot be determined to be eligible, the following conditions and procedures will be met or carried out.

(1) This decision is made only with the full participation of the individual, or, as appropriate, the individual's parent, guardian, or other representative, unless the individual has refused to participate, the individual is no longer present in the State or the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. When the full participation of the individual or a representative of the individual has been secured in making the decision, the views of the individual are recorded in the individualized written rehabilitation program; S8010

(2) The rationale for the ineligibility decision is recorded as an amendment to the individualized written rehabilitation program certifying that the provision of vocational rehabilitation services has demonstrated that the individual is not capable of achieving a vocational goal, and a certification of ineligibility under § 361.35(c) is then executed; and

(3) There will be a periodic review, at least annually, of the ineligibility decision in which the individual is given opportunity for full consultation in the reconsideration of the decision, except in situations where a periodic review would be precluded because the individual has refused services or has refused a periodic review, the individual is no longer present in the State, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. The first review of the ineligibility decision is initiated by the State unit. Any subsequent reviews, however, are undertaken at the request of the individual.

(Approved by the Office of Management and Budget under control number 1820-0500)

(Authority: Secs. 101(a)(9) and 102 of the Act; 29 U.S.C. 721(a)(9) and 722)

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, 16986, May 12, 1988; 53 FR 49145, Dec. 6, 1988]

§ 361.41 The individualized written rehabilitation program: Content.

(a) *Scope of content.* The State plan must assure that each individualized written rehabilitation program is based on a determination of employability designed to achieve the vocational objective of the individual and is developed through assessments of the individual's particular rehabilitation needs. Each individualized written rehabilitation program must, as appropriate, include but not be limited to, statements concerning—

(1) The basis on which a determination of eligibility has been made, or the basis on which a determination has been made that an extended evaluation of vocational rehabilitation potential is necessary to make a determination of eligibility;

(2) The long-range and intermediate rehabilitation objectives established for the individual based on an assessment determined through an evaluation of rehabilitation potential;

(3) The specific rehabilitation services to be provided to achieve the established rehabilitation objectives including, if appropriate, rehabilitation engineering services;

(4) An assessment of the expected need for post-employment services;

(5) The projected dates for the initiation of each vocational rehabilitation service, and the anticipated duration of each service;

(6) A procedure and schedule for periodic review and evaluation of progress toward achieving rehabilitation objectives based upon objective criteria, and a record of these reviews and evaluations;

(7) A reassessment, prior to case closure, of the need for post-employment services;

(8) The views of the individual with handicaps, or as appropriate, that individual and a parent, guardian, or other representative, including other suitable professional and informed advisors, concerning the individual's goals and objectives and the vocational rehabilitation services being provided;

(9) The terms and conditions for the provision of vocational rehabilitation services, including responsibilities of the individual with handicaps in implementing the individualized written rehabilitation program, the extent of client participation in the cost of services, if any, and the extent to which comparable services and benefits are available to the individual under any other program;

(10) An assurance that the individual with handicaps has been informed of that individual's rights and the means by which the individual may express and seek remedy for any dissatisfaction, including the opportunity for a review of rehabilitation counselor or coordinator determinations under § 361.48;

(11) An assurance that the individual with handicaps has been provided a description of the availability of a client assistance program established under section 112 of the Act;

(12) The basis on which the individual has been determined to be rehabilitated under § 361.43; and

(13) The plans for the provision of post-employment services after a suitable employment goal has been achieved and the basis on which those plans are developed; and, if appropriate for individuals with severe handicaps, a statement of how these services will be provided or arranged through cooperative agreements with other service providers.

(b) *Supported employment placements.* Each individualized written rehabilitation program must also contain, for individuals with severe handicaps for whom a vocational objective of supported employment has been determined to be appropriate—

(1) A description of the time-limited services, not to exceed 18 months in duration, to be provided by the State unit; and

(2) A description of the extended services needed, an identification of the State, Federal, or private programs that will provide the continuing support, and a description of the basis for determining that continuing support is available in accordance with 34 CFR 363.11(e)(2).

(c) *Coordination with education agencies.* When services are being provided to a handicapped individual who is also eligible for services under the Education for Handicapped Children Act, the individualized written rehabilitation program is prepared in coordination with the appropriate education agency and includes a summary of relevant elements of the individualized education program for that individual.

(Approved by the Office of Management and Budget under control number 1820-0500)

(Authority: Secs. 101 (a)(9), (a)(11), 102 and 634(a) of the Act; 29 U.S.C. 721 (a)(9), (a)(11), 722, and 795m)

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16986, May 12, 1988; 53 FR 49145, Dec. 6, 1988]

§ 361.42 Scope of State unit program: Vocational rehabilitation services for individuals.

(a) *Scope of services.* The State plan must assure that, as appropriate to

(Authority: Secs. 12(c) and 101(a)(8) of the Act; 29 U.S.C. 711(c) and 721(a)(8))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, 16987, May 12, 1988]

§ 361.48 Review of rehabilitation counselor or coordinator determinations.

(a) *Informing affected individuals.* All applicants and clients must be informed of the opportunities available under this section, including the names and addresses of individuals with whom appeals may be filed.

(b) *Informal reviews.* States may continue to use an informal administrative review process if it is likely to result in a timely resolution of disagreements in particular instances, but this process may not be used as a means to delay a more formal hearing before an impartial hearing officer unless the parties jointly agree to a delay.

(c) *Formal appeals procedures.* (1) Except as provided in paragraph (e) of this section, the State plan must assure that procedures are established by the Director of the designated State unit so that any applicant for or client of vocational rehabilitation services who is dissatisfied with any determinations made by a rehabilitation counselor or coordinator concerning the furnishing or denial of services may request a timely review of those determinations.

(2) At a minimum each State's formal review procedures must provide that—

(i) A hearing by an impartial hearing officer is held within 45 days of a request by the applicant or client;

(ii) The applicant or client or, if appropriate, the individual's parent, guardian, or other representative, is afforded an opportunity to present additional evidence, information, and witnesses to the impartial hearing officer, to be represented by counsel or other appropriate advocate, and to examine all witnesses and other relevant sources of information and evidence;

(iii) The impartial hearing officer makes a decision based on the provisions of the approved State plan and the Act and provides to the applicant or client or, if appropriate, the individual's parent, guardian, or other representative, and to the Director of the designated State unit a full written report of the findings and grounds for the decision within 30 days of the completion of the hearing;

(iv) If the Director of the designated State unit decides to review the decision of the impartial hearing officer, the Director shall notify in writing the applicant or client or, if appropriate, the individual's parent, guardian, or other representative, of that intent within 20 days of the mailing of the impartial hearing officer's decision;

(v) If the Director of the designated State unit fails to provide the notice required by paragraph (c)(2)(iv) of this section, the impartial hearing officer's decision becomes a final decision;

(vi) The decision of the Director of the designated State unit to review any impartial hearing officer's decision must be based on standards of review contained in written State unit policy;

(vii) If the Director of the designated State unit decides to review the decision of the impartial hearing officer, the applicant or client, or, if appropriate, the individual's parent, guardian, or other representative, is provided an opportunity for the submission of additional evidence and information relevant to the final decision;

(viii) Within 30 days of providing notice of intent to review the impartial hearing officer's decision, the Director of the designated State unit makes a final decision and provides a full report in writing of the decision, and of the findings and grounds for the decision, to the applicant or client, or, if appropriate, the individual's parent, guardian, or other representative; and

(ix) The Director of the designated State unit cannot delegate responsibility to make any final decision to any other officer or employee of the designated State unit.

(d) *Extensions of time.* Except for the time limitation established in paragraph (c)(2)(iv) of this section, each State's review procedures may provide for reasonable time extensions for good cause shown at the request of a party or at the request of both parties.

(e) *State fair hearing board.* The provisions of paragraphs (c) and (d) of this section are not applicable if there is in any State a fair hearing board that was established before January 1, 1985, that is authorized under State law to review rehabilitation counselor or coordinator determinations and to carry out the responsibilities of the Director of the designated State unit under this section.

(f) *Data collection.* The Director of the designated State unit shall collect and submit, at a minimum, the following data to the Secretary for inclusion each year in the annual report to Congress under section 13 of the Act:

(1) A description of State procedures for review of rehabilitation counselor or coordinator determinations.

(2) The number of appeals to impartial hearing officers and the State Director, including the type of complaints and the issues involved.

(3) The number of decisions by the State Director reversing in whole or in part a decision of the impartial hearing officer.

(4) The number of decisions affirming the position of the dissatisfied vocational rehabilitation applicant or client assisted through the client assistance program.

(Approved by the Office of Management and Budget under control number 1820-0500)

(Authority: Secs. 12(c), 101(a)(6), and 102(d) of the Act; 29 U.S.C. 711(c), 721(a)(6) and 722(d))

[53 FR 16987, May 12, 1988, as amended at 53 FR 49145, Dec. 6, 1988]

§ 361.49 Protection, use and release of personal information.

(a) *General provisions.* The State plan must assure that the State agency and the State unit will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names. These policies and procedures must assure that:

(1) Specific safeguards protect current and stored personal information;

(2) All applicants, clients, representatives of applicants or clients, and, as appropriate, service providers, cooperating agencies, and interested persons are informed of the confidentiality of personal information and the conditions for accessing and releasing this information;

(3) All applicants or their representatives are informed about the State unit need to collect personal information and the policies governing its use, including:

(i) Identification of the authority under which information is collected;

(ii) Explanation of the principal purposes for which the State unit intends to use or release the information;

(iii) Explanation of whether the individual's providing the information is mandatory or voluntary and the effects of not providing requested information to the State unit;

(iv) Identification of those situations where the State unit requires or does not require informed written consent of the individual before information may be released; and

(v) Identification of other agencies to which information is routinely released.

(4) Persons who are unable to communicate in English or who rely on special modes of communication must be provided explanations about State policies and procedures affecting personal information through methods that can be adequately understood by them;

(5) These policies and procedures must prevail over less stringent State laws and regulations; and

(6) The State agency or the State unit may establish reasonable fees to cover extraordinary costs of duplicating records or making extensive searches, and must establish policies and procedures governing access to records.

(b) *State program use.* All personal information in the possession of the State agency or the designated State unit must be used only for purposes directly connected with the administration of the vocational rehabilitation program. Information containing identifiable personal information may not be shared with advisory or other bodies which do not have official responsibility for administration of the program. In the administration of the program, the State unit may obtain personal information from service providers and cooperating agencies under

166

§ 361.57 Utilization of profitmaking organizations for on-the-job training in connection with selected projects.

The State plan must assure that the State unit has the authority to enter into contracts with profitmaking organizations for the purpose of providing on-the-job training and related programs for individuals with handicaps under section 621 of the Act (projects with industry) or section 622 of the Act (business opportunities for individuals with handicaps). The State plan must also assure that profitmaking organizations are utilized by the State unit when it has been determined that they are better qualified to provide needed services than nonprofit agencies, organizations, or facilities in the State.

(Authority: Sec. 101(a)(21) of the Act; 29 U.S.C. 721(a)(21))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, May 12, 1988]

§ 361.58 Periodic review of extended employment in rehabilitation facilities.

The State plan must assure periodic review and re-evaluation at least annually, of the status of those individuals with handicaps who have been placed by the State unit in extended employment in rehabilitation facilities, to determine the feasibility of their employment or their training for future employment in the competitive labor market. The State plan must assure that maximum effort is made to place these individuals in competitive employment or training for competitive employment whenever feasible.

(Authority: Sec. 101(a)(16) of the Act; 29 U.S.C. 721(a)(16))

[46 FR 5526, Jan. 19, 1981, as amended at 53 FR 16982, May 12, 1988]

Subpart C—Financing of State Vocational Rehabilitation Programs

SOURCE: 46 FR 5539, Jan. 19, 1981, unless otherwise noted.

FEDERAL FINANCIAL PARTICIPATION

§ 361.70 Effect of State rules.

Subject to the provisions and limitations of the Act and this part, Federal financial participation is available in expenditures made under the State plan (including the administration thereof) in accordance with applicable State laws, rules, regulations, and standards governing expenditures by State and local agencies.

(Authority: Sec. 111(a) of the Act; 29 U.S.C. 731(a))

§ 361.71 Vocational rehabilitation services to individuals.

(a) Federal financial participation is available in expenditures made under the State plan for providing an evaluation of vocational rehabilitation potential, and for providing specifed vocational rehabilitation services to individuals with handicaps as appropriate. Other goods and services not specified under this part and necessary to determine the vocational rehabilitation potential of an individual with handicaps or to be of benefit in terms of the individual's employability may also be provided. (This may include expenditures for short periods of medical care for acute conditions arising during the course of rehabilitation, which, if not cared for, would constitute a hazard to the evaluation of vocational rehabilitation potential or to the achievement of the rehabilitation objective.)

(b) Federal financial participation may also be available for costs necessary to determine an individual's eligibility to participate in the business opportunity program under Section 622 of the Act and the costs of native healing practitioners who are recognized as such by an Indian tribe when services are being provided to handicapped American Indians under the State plan and when the native healing practitioner services are necessary to achieve the individual's vocational rehabilitation objective.

(c) Federal financial participation is not available in any expenditure made, either directly or indirectly, for the purchase of any land, or for the purchase or erection of any building (except for a shelter under § 361.72) for any one individual with handicaps or for a group of individuals with handicaps under § 361.75.

(Authority: Secs. 12(c) and 103(a) of the Act; 29 U.S.C. 711(c) and 723(a))

§ 371.41 What are allowable costs?

(a) In addition to those allowable costs established in EDGAR §§ 75.530-75.534, the following items are allowable costs under this program—

(1) Expenditures for the provision of vocational rehabilitation services and for the administration, including staff development, of a program of vocational rehabilitation services.

(2) Expenditures for services reflecting the cultural background of the American Indians being served, including treatment provided by native healing practitioners who are recognized as such by the tribal vocational rehabilitation program when the services are necessary to assist an individual with handicaps to achieve his or her vocational rehabilitation objective.

(b) Expenditures may not be made under this program to cover the costs of providing vocational rehabilitation services to individuals with handicaps not residing on Federal or State reservations.

(Authority: Secs. 12(c) and 130(a) of the Act; 29 U.S.C. 711(c) and 750(a))

[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987]

§ 371.42 How are services to be administered under this program?

(a) *Directly or by contract.* A grantee under this part may provide the vocational rehabilitation services directly or it may contract or otherwise enter into an agreement with a designated State unit, a rehabilitation facility, or another agency to assist in the implementation of the vocational rehabilitation service program for American Indians with handicaps.

(b) *Inter-tribal agreement.* A grantee under this part may enter into an inter-tribal arrangement with governing bodies of other Indian tribes for carrying out a project that serves more than one Indian tribe.

(c) *Comparable service program.* To the maximum extent feasible, services provided by a grantee under this part must be comparable to rehabilitation service provided under this title to other individuals with handicaps residing in the State.

(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

[52 FR 30556, Aug. 14, 1987]

§ 371.43 What other special conditions apply to this program?

(a) Any American Indian with handicaps who is eligible for service under this program but who wishes to be provided service by the designated State unit must be referred to the State unit for such services.

(b) Preference in employment in connection with the provision of vocational rehabilitation services under this section must be given to American Indians, with a special priority being given to American Indians with handicaps.

(c) The provisions of sections 5, 6, 7, and 102(a) of the Indian Self-Determination and Education Assistance Act also apply under this program. These provisions relate to grant reporting and audit requirements, maintenance of records, access to records, availability of required reports and information to Indian people served or represented, repayment of unexpended Federal funds, criminal activities involving grants, penalties, wage and labor standards, preference requirements for American Indians in the conduct and administration of the grant, and requirements affecting requests of tribal organizations to enter into contracts. For purposes of applying these requirements to this program, the Secretary carries out those responsibilities assigned to the Secretary of Interior.

(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987]

PART 372—COMPREHENSIVE REHABILITATION CENTERS

Subpart A—General

Sec.

372.1 What is the Comprehensive Rehabilitation Centers Program?
372.2 Who is eligible for assistance under this program?
372.3 What regulatios apply to this program?

Appendix D

Supported Employment: A Summarized Guide

(Prepared by Rehabilitation Services Administration of Arizona)

SUPPORTED EMPLOYMENT
A Summarized Guide

Supported Employment is designed for individuals who have severe disabilities and for whom competitive employment has not occurred or has been sporadic due to the disabling condition.

Definition

The following characteristics distinguish Supported Employment from traditional employment outcomes:

1. **The approach is place-then-train.** Rather than participate in work adjustment until considered "work ready", clients are placed in a competitive job in the community, to which they have been matched, and are then trained at the work site.

2. **Work is performed in an integrated setting.** Philosophically, Supported Employment is a "mainstreaming" effort that addresses the quality of worklife by ensuring that no more than eight persons with disabilities work in close proximity to each other and that the opportunity to interact with non-disabled persons is available. Through the various models of SE,i.e. individual placement, enclave, mobile crew etc., integration has very specific guidelines These are addressed at length in the RSA Supported Employment Guide.(p.4)

3. **Ongoing support services are provided.** Since clients placed in SE are those who would not succeed in direct job placement without support, job skill training services are provided at least twice monthly as long as the individual remains employed. (Clients with long-term mental illness may not require this service and may receive other needed services away from the work site.) Ongoing support may also include services such as personal care, transportation, counseling to family members, employer intervention, job modification or interpreting. These services are planned for and documented in the client file as they are provided.

4. **Clients placed in SE are expected to be able to work an average of 20 hours or more per week.**

Procedures

At first contact: Consider whether applicant might benefit from SE services. Among those for whom SE may be ideal are: persons with developmental disabilities who have previously been placed in sheltered settings; persons with a long-term mental illness who are unable to work 40 hours per week; persons who are head injured; persons who are deaf with secondary or tertiary

disabilities; persons with severe physical disabilities for whom ongoing support at the work site is likely to be needed.

Between 02 & 10: In order to make an optimum job match and identify specific training needs, counselor may wish to do a situational assessment prior to writing plan.

At 10: When decision is made to certify as eligible, a **coordination sheet** is prepared and signed that identifies the source of ongoing funding (BHS. DDD Title XX, etc.). Z code is placed on CSR identifying as SE case.

12 to 18: In preparing IWRP a staffing is held to include the client, ESS counselor/ case manager (BHS or DDD) and others as appropriate. Client will be placed on job to begin training (TET) and **vocational goal should reflect this placement.** The period of time from the start of TET to 26 closure cannot exceed 18 months. Progress notes should summarize rationale for plan and indicate how placement is **integrated.** **If client will not be paid minimum wage, a DOL certificate must be in place and progress notes need to state this clearly.** Any post-employment services that are anticipated are indicated on IWRP. Case is moved to 18 for provision of TET. Title VI, Part C money is designated to be used for SE cases (Refer to SE Guide, p.13, for specific use) but other case service funds may also be made available at the program manager's discretion. Reports of progress from provider should be monitored closely for adequate documentation of job coaching services and problem resolution.

At Status 20/22: Staff with ESS counselor/case manager et al, to ensure that client has learned job tasks, demonstrated appropriate work behaviors and reached an acceptable level of productivity. Document in progress notes. Advance Status on CSR. Prepare new 019 committing funds for supported employment now that TET is completed.

Status 26: Complete coordination sheet and obtain required signatures. Good communication with ESS counselor/case manager is essential at this point to ensure smooth transition to extended support services. It is also essential that client, his/her family, case manager etc. understand that closing the VR case will not mean interruption of services. Counselor must be sure that closure statement documents employment in terms of integration as well as wages, hours, etc.

Further detail on procedures at each status is available in the Supported Employment Guide.

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